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AREA PLAN ON AGING

SAN FRANCISCO COMMISSION ON AGING

FISCAL YEAR 1985-89

DOCUMENTS DEPT.

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The area plan on aging for PSA #6 for the period 1985-89 is hereby submitted to the California Department of Aging (CDA) for approval.

The nature and scope of activities identified in this plan and the methods used for its development are in accordance with the Older Americans Act of 1965, as amended, the Older California Act of 1980, as well as implementing rules, regulations, policies and procedures developed by the Administration on Aging (AoA), and the State Legislature.

The Commission on Aging hereby acknowledges that it assumes full authority for implementation of the activities specified herein. The Commission on Aging will request from California Department of Aging significant changes to identified programs, policies, or fiscal levels.

Date _____

Commission Chairman

Date _____

Commission on Aging Director

The Agency Advisory Council has had the opportunity to participate in the planning process, to review, and comment on the Area Plan on Aging.

Date _____

Chairperson, Advisory Council

TABLE OF CONTENTS

Letter of Transmittal.....	1
 <u>I. Four Year Strategic Plan</u>	
A. Mission Statement.....	2
B. Major Commission on Aging Emphases.....	2-3
C. Summary of Four Year Goals.....	4-9
D. Socio-Demographic Profile.....	10-24
E. Targeting.....	25-28
F. Needs Assessment.....	29-35
Community Meetings (1985).....	29-35
G. Resources Identification.....	36-43
1. List of Private Sector Resources.....	36-40
2. List of Public Sector Resources.....	41-43
 <u>II. Annual Report and Operational Plan Update</u>	
A. Annual Evaluation.....	44-58
1. Major Objectives Achieved.....	57-58
2. Major Objectives Not Achieved and Why....	58
3. Summary of Changes.....	58
B. Revenue Estimate/Proposed Expenditures.....	59

APPENDICES

Commissioners.....	60
Advisory Council Organization (Functions/Positions)...	61-62
Advisory Council (Characteristics).....	63
Area Agency Organization.....	64

ATTACHMENTS

SB 1337 (Mello) Ch 1600 Stat of 1984.....	65
SB 1379 (Alquist) Ch 268 Stat of 1984.....	66

THE AREA PLAN FORMAT

The San Francisco Commission on Aging is mandated by the California Department of Aging to submit a plan format that addresses a four-year time period. As each fiscal year ends, another is added. We are now beginning a new four-year cycle, 1985-89. The fiscal year begins July 1.

The document presented here is therefore the Annual Supplement (FY 1985-86) to the Four Year Plan (FY 1985-89).

The purposes for a four-year planning cycle include program development, which is not feasible within a one-year segment, analyses of anticipated needs, and resource development.

The result of the forementioned and the purpose of this introduction is to explain to the reader what will appear as an incomplete document within itself.

FOUR YEAR STRATEGIC PLAN

Mission Statement:

Passage of the Older Americans Act (OAA) of 1965 by the U.S. Congress signified the emergence of aging as a major national policy area and served to stimulate increased public interest and responsiveness to the needs of Older Americans.

Since the inception of the Act, Title III - Grants for State and Community Programs, has been a primary vehicle for achieving the global objectives of the statute. Originally, Title III provided for the establishment of state Units on Aging, and in 1973 the Act was amended to provide that states designate Area Agencies on Aging to implement local programs under the Act.

Title III has evolved into a national network on aging comprised of the Administration on Aging (AOA) at the federal level, 57 State Units on Aging, 662 Area Agencies at the local level and over 8,600 nutrition and social service provider agencies. This network on aging has responsibility to plan, coordinate and advocate for the development of comprehensive community based service delivery systems to meet the needs of Older Americans. The primary focus of these systems is to:

- o Secure and maintain maximum independence and dignity in a home environment for older individuals capable of self care with appropriate supportive services;
- o Remove individual and social barriers to economic and personal independence for older individuals;
- o Provide a continuum of community based and in-home care for the vulnerable elderly, thereby avoiding premature or inappropriate institutionalization.

Major Commission on Aging Emphases:

In developing comprehensive community based service delivery systems, Area Agencies on Aging have the following responsibilities under federal law:

- o Determine the need for social and nutrition services with special attention given to those elderly in greatest economic or social need;

Major Commission on Aging Emphases: (continued)

- o Inventory the resources and services available from public and private sources to meet the identified needs and evaluate their effectiveness;
- o Develop and administer a comprehensive multi-year area plan which sets forth activities the Area Agency will undertake to enhance service delivery to those elderly in need;
- o Serve as coordinator and advocate within the community to facilitate access and use of existing public and private services and to develop other needed services;
- o Act as advocate to develop an awareness by service providers, elected officials, community leaders, civic groups, the corporate and voluntary sectors regarding the identified needs of the elderly within their respective communities;
- o Provide limited Title III resources to fill identified gaps in the service system;
- o Provide technical assistance and training to the service provider community;
- o Monitor activities within the area which directly and indirectly impact the elderly.

In addition, State and local laws may mandate other Area Agency responsibilities.*

San Francisco Commission on Aging:

The Commission on the Aging is the single agency within the City and County of San Francisco which is specifically charged with supporting services for the elderly. The Commission operates with Federal, State and City and County funds.

*Source: California Association of Area Agencies on Aging, Triple A Advisory Council of California, "State Legislative Platform, 1985."

SUMMARY OF FOUR YEAR GOALS

July 1, 1985 through June 30, 1989

The San Francisco Commission on Aging has developed this four-year plan with a twofold mission: (1) specific measurable objectives for the upcoming fiscal year, 1985-86, and, (2) goals which address efforts not limited to the one-year supplement.

These four-year goals include a greater emphasis on coordination and service area targeting practices.

Services are to be targeted to those seniors in the greatest social and economic need. This includes the poor and near-poor, seniors living alone, seniors with language barriers, handicapped seniors, seniors living in group quarters, and with an especial emphasis on those seniors who are frail, vulnerable, and at-risk. This latter category is statistically measured as the population who are over the age of seventy-five.

The 1980 Census of Population and Housing has pointed out the significant increases in the growth of all minorities in California. This trend should continue well into the next century. Additionally, the 1984 Amendments to the Older Americans Act, PL 98-459, Section 305(a)(5)(A) specifies that preference will be given to individuals with the greatest economic or social need, with particular attention given to low-income minority individuals, and to include proposed methods of carrying out this preference in the Area Plan. The intent of this new language is to draw attention to the U.S. Commission on Civil Rights Report on Minority Participation in Older Americans Act programs.

This Area Plan places a strong emphasis on the local aspects of the resource allocation process. The Area Plan addresses the distribution of funds allocated to the San Francisco Commission on Aging through the Intra-State Funding Formula to seniors in greatest economic and social need.

This Area Plan reflects a conscientious effort to move from the traditional parameters of Title III to an expanded system of services. This expansion will be accomplished through targeting the integration of services (leveraging), private sector involvement, and cost effectiveness/efficiencies.

Targeting: Efforts to concentrate resources on a specific group.

Integration of Services: Working with other service providers and public agencies in the City and County of San Francisco to determine how best to utilize existing resources. Title III dollars will be used for leveraging whenever possible.

Private Sector Involvement: Demand for services will always exceed available government resources. Private Sector involvement, therefore, is a major emphasis in this Area Plan. The Private Sector is a major resource in leveraging existing Title III funds to meet the needs of seniors in San Francisco.

Cost Efficiencies/Effectiveness: The Commission on Aging will continue to implement systems that assure cost efficiencies, more services through the best use of resources, and systems to assure that services are indeed delivered to the targeted populations.

The 1984 Amendments to the Older Americans Act suggest greater involvement of the area agencies in the provision of community-based Long Term Care. This is addressed through: (1) the addition of essential health programs to Title IIIB, (2) proposing a facilitator role for area agencies in the coordination of community-based Long Term Care, and (3) a renewed emphasis on the coordination and planning functions of area agencies. As an assistance to these efforts at the local level of area agencies, the California Department of Aging is moving into a leadership role in community-based Long Term Care. The Department, as of January 1985, has assumed additional administrative responsibilities for the Multipurpose Senior Services Program as well as the Adult Day Health Care Program.

Each of the following goals include: (1) the intended benefit or end result to be achieved, (2) who will benefit from these goals, and, (3) methods to assure that the benefit or result is achieved.

These goals have been developed in terms of a four-year time frame. Particular attention has been given to the development of goals that address the three major portions of Title III, i.e., Congregate Nutrition, Home-Delivered Nutrition, and Supportive Services. The goals have been generalized in the direction of the fourteen programs funded by the Commission on Aging, i.e., Information and Referral, Ombudsman, Case Management, Housing, Security/Crime, In-Home Services, Health Services, Mental Health, Transportation, Community Services, Legal Services, Consumer Services, Congregate Nutrition, and Home-Delivered Nutrition..

Interagency Task Force .

GOAL #1: HOME-DELIVERED MEALS

The Commission on Aging will work toward a comprehensive, cost-effective delivery system of home-delivered meals, to serve the frail elderly of San Francisco. The development of a single entry into the system, a Clearinghouse at Meals on Wheels, with expanded outreach to locate those seniors most in need of the service; and the development of a network of coordinated services are major components of this system already in place. Further refinement and expansion of the service will be goals for the period ending June 30, 1989.

GOAL #2: CONGREGATE MEALS

The Commission on Aging will work toward further insuring that all resources, Federal, State and local, applicable to the nutrition needs of older adults are developed and used in the most efficient manner possible. Currently, the Commission on Aging funds 59 congregate meal sites serving 1,187,200 meals annually. Fifty-eight percent of those served are minority elderly. Thirty percent of the participants are over the age of 75. This goal encompasses advocacy for additional funding, systems analyses to ensure that funds are spent in the most effective manner, and outreach in identifying those seniors in greatest social and economic need. This goal will remain in effect through June 30, 1989.

GOAL #3: SUPPORTIVE SOCIAL SERVICES

The Commission on Aging will work toward greater utilization and targeting of supportive social services to those seniors in greatest social and economic need. Those seniors in San Francisco over the age of 75 will increase by 20% from 1980 to 2000. The demand for services such as case management, transportation and in-home services has increased dramatically. This goal encompasses advocacy for services needed by this senior population, systems analyses and greatly increased coordination between the Commission on Aging and other public and private agencies through June 30, 1989.

→ Additional data to be programmed in by Meals on Wheels.

GOAL #4: CASE MANAGEMENT

The Commission on Aging will work toward the expansion and coordination of a comprehensive system of case management, including both other public and private agencies in San Francisco. During the first six months of FY 1984-85, services were developed for 1,210 seniors, who received a total of 8,634 units of service. Fifty-one percent of seniors receiving case management services were minorities. The development of a common data base on case management services was developed in 1984-85 by the Senior Health Promotion, Information and Referral Service for agencies providing case management. Coordination of services and the identification of gaps in the service delivery system as well as overlaps will be a major focus of the Commission on Aging in planning with the San Francisco Department of Public Health and the Department of Social Services through June 30, 1989.

GOAL #5: IN-HOME SERVICES

As with Case Management, the Commission on Aging will focus on increased coordination of In-Home Services with the Department of Public Health and the Department of Social Services. Title XX of the Department of Social Services has the major responsibility for providing in-home services, serving 5,350 clients with a budget of \$17 million. In the first six months of 1984-85, the Commission on Aging provided 13,351 units of service to 473 seniors. Fifty percent of the seniors were minority, 79% were in the greatest economic need. The need to clarify the respective roles and responsibilities of the various agencies, as well as the expansion of service will be priorities through June 30, 1989.

GOAL #6: TRANSPORTATION

The continuing goal of the Commission on Aging is to provide needed transportation to seniors who would otherwise be isolated and homebound. The Commission will continue to work with the Public Utilities Commission as contractor for expanded, improved and accessible paratransit services for seniors. The first phase of this goal was achieved in 1984-85 by consolidating all COA transportation contracts with the PUC Paratransit Broker, achieving greater efficiency and cost effectiveness. Advocacy for increased funding for this service is incorporated into this goal. During the first six months of 1984-85, the program served 1,056 seniors with 26,843 units of service. Fifty percent of the seniors were minority. This goal will be in effect through June 30, 1989.

GOAL #7: HEALTH

The continuing goal of the Commission on Aging is to advocate for and assist in developing a continuum of care for Long Term Care in San Francisco, including traditional institutional care, Adult Day Health Care, Social Day Care and preventive health care measures. It is the goal of the Commission to prevent premature institutionalization while at the same time recognizing that frail seniors need such alternatives as nursing homes. Therefore, it is the goal of the Commission to continue to address issues such as the quality of care, staffing ratios, reimbursement to providers, supply of beds and the increase in beds classified as Intermediate Care. It is the goal of the Commission to advocate for a continuum of care within the institutional model so that seniors may have choices related to the level of care. This goal will remain in effect through June 30, 1989.

GOAL #8: HOUSING

To address issues related to increasing both the quality and number of housing units available to middle and low income seniors. This goal includes advocacy in exploring alternatives to traditional housing patterns such as shared housing, second unit housing, etc. The Commission on Aging currently funds programs in housing referral and placement. Seventy-one percent of seniors receiving housing services are minority. The goal of the Commission will be to work with other public and private agencies to ensure affordable housing opportunities for older people through June 30, 1989.

GOAL #9: LEGAL SERVICES

The goal of the Commission on Aging is to enable seniors to obtain a variety of legal services and legal actions at numerous sites. These services shall be made available in languages appropriate to the seniors requesting the service in such a manner as to best assist those seniors with language barriers. During the first six months of FY 84-85, COA contractors offered Legal Services to 2,323 seniors, delivering 9,328 units of service. Forty-nine percent of those seniors receiving service were minority. This goal will remain in effect through June 30, 1989..

GOAL #10: INFORMATION AND REFERRAL

During FY 1984-85, The Commission consolidated all Information and Referral programs into one contract with the Department of Public Health. This system has produced an improved awareness of and knowledge about services and programs. It is the goal of Commission to continue to coordinate information and referral services with other existing programs such as that offered by United Way. The purpose is to expand resources available to the senior population. During the first six months of FY 84-85, the consolidated service system served 8,246 seniors with 18,398 units of service. This goal will remain in effect through June 30, 1989.

Free Tie in with United Way - 9 key Area Counties .

SOCIO-DEMOGRAPHIC PROFILES

The San Francisco Commission on Aging utilizes and makes available for distribution to interested parties, the following socio-demographic data. The data has been collected over a period of time and portions have appeared in previous Area Plans. This Area Plan contains those portions most recently acquired. Previously published segments are available at the Commission's offices.

Total Population: number of persons, land area, density, age segments from 0-4 years to 75+ years of age, race/ethnicity of total population.

San Francisco Health Facilities/Physicians.

Age Distribution, 55-59 years to 110+ years, by male and female.

Living Arrangements: Housing Units (renter/owner) and Household Types 60+ (family, non-family).

Low Income - SSI Recipients (Aged, Blind, Disabled).

Population Pyramids: Total; White; Black; American Indian, Eskimo, and Aleut; Asian and Pacific Islander; Spanish Origin; White, non-Spanish; Black, non-Spanish; American Indian, Aleut, Asian and Pacific Islander, non-Spanish; Other, non-Spanish; Other.

Maps Showing Location of 60+ Populations: Total, White, Asian, Hispanic, Black.

General Characteristics for Selected Racial Groups, 60+ and 75+: American Indian, Japanese, Chinese, Filipino, Korean, Asian Indian, Vietnamese, Hawaiian, Samoan, Total Asian; by Housing Categories - Family Householder, Souse, Other Relatives, Nonrelatives, Nonfamily Householder, Inmate of Institution, and Group Quarters.

Persons 75+, Below Poverty and Living Alone; by Census Tract and shown on Maps.

Populations Projections, 60+ and 75+ to 2020: Chart and Graph.

Living Arrangements, 60+: Pie Chart, Living Alone, Living with Spouse, Living with Relatives, Living in Group Quarters, and Living with non-Relatives.

Socio-Demographic Profiles: (continued)

Group Quarters Living Arrangements, 60+: by Census Tract (chart form and map format).

Household Type and Relationship, 60+: Chart format, total, male, female.

Marital Status, 60+: Now Married, Widowed, Single, Divorced, pie chart format.

Senior Population Characteristics by Census Tracts: 60+, 75+, Living Alone, Minority, Non-English Speaking.

Senior Population Characteristics, City-Wide: 60+, 60-64, 65-74, and 75+; Race/Ethnicity, Living Alone, Institutionalized, SSI/SSP Recipients, one page format.

SAN FRANCISCO, 1980 CENSUS

PERSONS AGE 60 AND OVER BELOW POVERTY BY AGE, HOUSEHOLD
TYPE, AND RELATIONSHIP

FAMILY HOUSEHOLD

	HOUSEHOLDER	RELATIVES	NONRELATIVES
60 - 64	346	570	140
	1,011	781	189
	685	526	73
Total 60+	2,542	1,877	408

NONFAMILY

	HOUSEHOLDER LIVING ALONE	HOUSEHOLDER NOT LIVING ALONE	NONRELATIVE	IN GROUP QUARTERS
60 - 64	1,295	79	216	268
65 - 74	4,452	73	183	535
75+	2,549	189	171	397
Total 60+	6,296		570	1,200

60+ Below Poverty Grand Total = 13,234

60+ Total = 137,681

Below Poverty as Percentage of Total = 9%

SAN FRANCISCO, 1980 CENSUS

AGE OF HOUSEHOLDER, POVERTY STATUS, AND RECEIPT OF
SOCIAL SECURITY

FAMILIES

	Income below poverty	Income bet. 100 - 124% of poverty	Income 125% and above poverty
Householder age 60:			
A. Social Security.....	1,340		
B. Below poverty, excluding Social Security.....		869	4,985
C. Above poverty, excluding Social Security.....		27	21,924
D. w/o Social Security.....	1,202	277	11,113
Totals	2,543(6%)	1,173(15%)	37,177(69%)

UNRELATED INDIVIDUALS

	Income below poverty	Income bet. 100 - 124% of poverty	Income 125% and above poverty
Householder age 60:			
A. Social Security.....	4,687		
B. Below poverty, excluding Social Security.....		6,084	11,499
C. Above poverty, excluding Social Security.....		25	15,168
D. w/o Social Security.....	4,128	2,022	10,510
Totals	8,715(16%)	8,131(15%)	37,177(69%)

Source: STF4, Population B, SMSA San Francisco, 1980.

LANGUAGE SPOKEN AT HOME AND ABILITY TO SPEAK ENGLISH

SAN FRANCISCO TOTAL POPULATION, 1980 CENSUS

I. SPEAK ONLY ENGLISH

Sub Total
415,620
(64%)

II. SPEAK ENGLISH

	Very Well	Well	Not Well	Not at All	Sub Total
Indian & (Alaskan)	196	88	47	6	337
Chinese	23,808	19,494	18,839	10,143	72,284
Filipino	15,518	10,698	2,424	389	29,029
French	5,958	1,439	320	0	7,717
German	5,002	1,683	184	19	6,888
Greek	1,495	834	346	43	2,718
Italian	7,302	2,951	1,567	302	12,122
Japanese	2,973	2,449	1,612	164	7,198
Korean	744	969	893	120	2,726
Polish	574	290	52	17	933
Portugese	622	274	120	17	1,033
Russian	2,544	2,112	1,318	469	6,443
Spanish	30,083	15,617	10,818	4,038	60,556
Vietnamese	654	986	1,070	315	3,025
Yiddish	598	151	14	27	790
Other	10,756	5,473	1,961	497	18,687
Sub Totals	108,827 (17%)	65,508 (10%)	41,585 (6%)	16,566 (3%)	232,486 (36%)

Grand
Total

648,106
(100%)

Source: STF4, Population A, SMSA San Francisco, 1980 Census.
Sample Size = 648,106

LANGUAGE SPOKEN AT HOME AND ABILITY TO SPEAK ENGLISH
SAN FRANCISCO, 1980 CENSUS

POPULATION 60+

SPEAK ENGLISH ---ONLY---	SPEAK ENGLISH AS A SECOND LANGUAGE -----OR DON'T SPEAK ENGLISH-----			
English Only	Very Well	Well	Not Well	Not at All
73,960	15,020	12,040	8,220	5,780
(64%)	(13%)	(11%)	(7%)	(5%)

POPULATION 60 - 64

SPEAK ENGLISH ---ONLY---	SPEAK ENGLISH AS A SECOND LANGUAGE -----OR DON'T SPEAK ENGLISH-----			
English Only	Very Well	Well	Not Well	Not at all
21,760	4,720	3,160	2,040	1,440

POPULATION 65 - 69

SPEAK ENGLISH ---ONLY---	SPEAK ENGLISH AS A SECOND LANGUAGE -----OR DON'T SPEAK ENGLISH-----			
English Only	Very Well	Well	Not Well	Not at All
21,800	4,720	3,820	2,800	1,580

POPULATION 70+

SPEAK ENGLISH ---ONLY---	SPEAK ENGLISH AS A SECOND LANGUAGE -----OR DON'T SPEAK ENGLISH-----			
English Only	Very Well	Well	Not Well	Not at All
30,400	5,580	5,060	3,380	2,760

Source: 1980 Census, Public Use File, Sample Size 115,020.

SAN FRANCISCO SENIORS BY ANCESTRY
1980 CENSUS

<u>ANCESTRY:</u>	<u>TOTAL 60+:</u>	<u>PERCENTAGE OF WHOLE:</u>
English	14,160	10%
Irish	13,840	10%
China	12,180	9%
Italian	12,100	9%
German	11,180	8%
Afro-American	8,800	6%
Russian	5,580	4%
Philippines	5,100	4%
American	4,180	3%
French	3,820	3%
Scottish	3,560	3%
Spanish	3,300	2%
Mexico	3,000	2%
Swedish	1,820	1%
Poland	1,560	1%
West European-O	1,420	1%
Switzerland	1,040	1%
Dutch	980	1%
Denmark	920	1%
East European-O	920	1%
Portugese	880	1%
Armenian	620	1%

SAN FRANCISCO AGED 60+, AGED 75+, LIVING ALONE

BY CENSUS TRACT

1980 CENSUS

SAN FRANCISCO SENIOR POPULATION CHARACTERISTICS
1980 CENSUS DATA

Census Tract	60+	75+	Living Alone
101	384	120	217
102	1,203	400	596
103	889	268	268
104	859	256	257
105	45	13	19
106	747	199	148
107	1,859	701	539
108	1,088	282	272
109	973	366	429
110	835	213	283
111	834	319	417
112	1,036	324	371
113	801	254	201
114	1,271	479	195
115	336	100	27
116	566	142	272
117	425	133	270
118	526	170	123
119	1,041	349	626
120	907	395	703
121	914	306	624
122	1,705	616	1,302
123	1,766	651	1,211
124	1,461	461	968
125	1,221	407	597
126	1,551	567	639
127	1,068	390	439
128	956	322	390
129	1,367	548	524
130	844	291	326

SAN FRANCISCO SENIOR POPULATION CHARACTERISTICS
1980 CENSUS DATA

Census Tract	60+	75+	Living Alone
131	1,649	646	670
132	1,052	348	366
133	737	210	280
134	492	197	153
135	492	196	215
151	361	171	156
152	714	290	447
153	479	254	86
154	1,180	396	329
155	880	414	377
156	579	203	185
157	1,027	317	206
158	775	160	351
159	636	245	296
160	431	147	230
161	834	217	477
162	453	90	122
163	379	84	165
164	598	251	136
165	652	214	158
166	389	109	88
167	573	150	190
168	769	245	380
169	390	143	195
170	478	136	143
171	763	233	208
176	855	262	544
177	175	30	35
178	1,375	442	811
179	105	23	20
180	96	18	38

SAN FRANCISCO SENIOR POPULATION CHARACTERISTICS
1980 CENSUS DATA

Census Tract	60+	75+	Living Alone
201	800	184	406
202	831	285	317
203	432	136	183
204	1,050	278	268
205	379	141	174
206	773	264	311
207	742	258	305
208	898	284	382
209	663	216	291
210	651	191	211
211	558	178	161
212	438	142	150
213	301	103	76
214	506	180	204
215	823	250	276
216	559	103	146
217	390	97	78
218	698	211	214
226	100	19	26
227	1,232	364	417
228	1,182	357	242
229	1,313	389	396
230	1,738	388	304
231	613	117	175
232	826	173	125
233	207	46	64
234	433	84	75

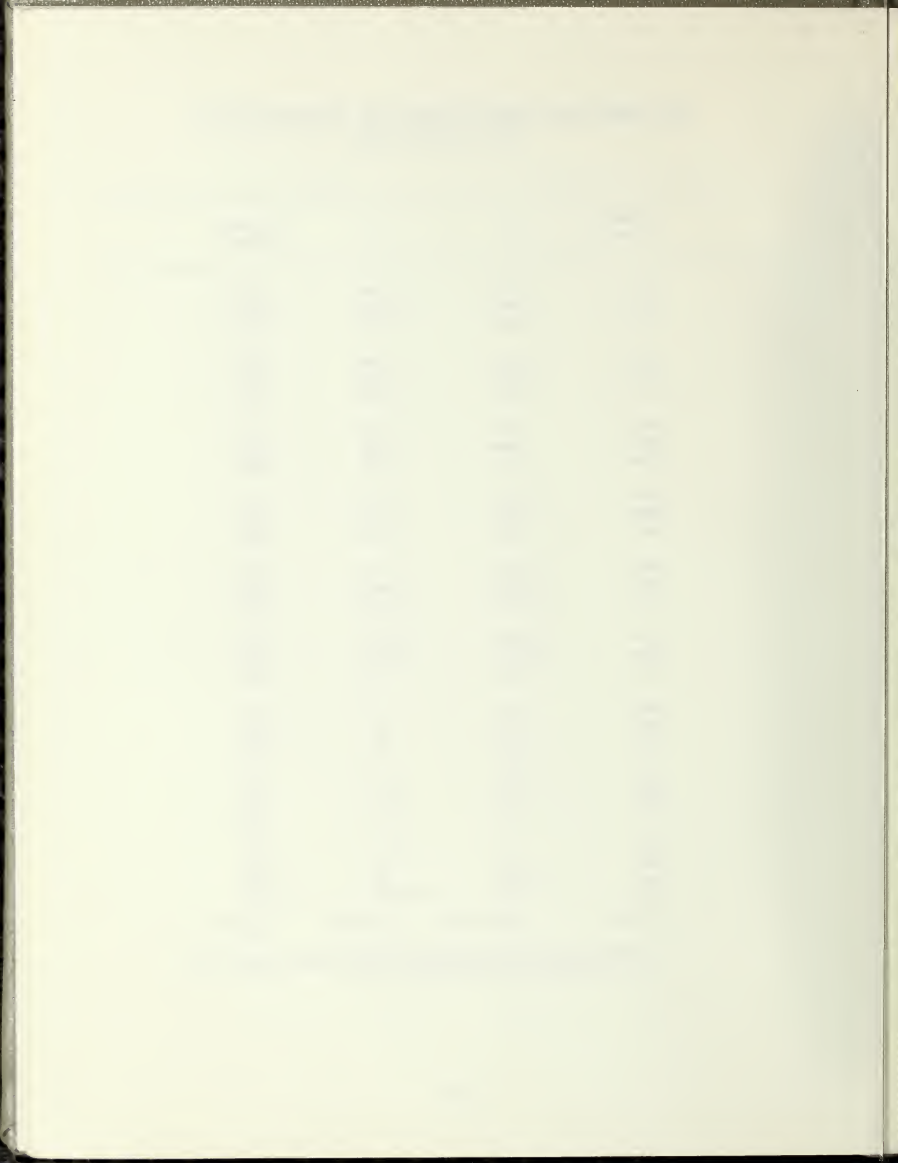
SAN FRANCISCO SENIOR POPULATION CHARACTERISTICS
1980 CENSUS DATA

Census Tract	60+	75+	Living Alone
251	465	100	108
252	775	216	138
253	565	155	125
254	1,685	462	316
255	1,574	494	383
256	832	189	135
257	1,419	409	360
258	246	62	14
259	576	150	50
260	2,891	1,036	560
261	1,198	354	286
262	1,053	269	193
263	2,052	631	389
264	1,732	381	316
301	997	303	268
302	1,512	609	592
303	2,119	672	446
304	1,127	334	223
305	1,376	614	178
306	560	182	122
307	1,405	306	271
308	1,543	582	344
309	1,747	556	299
310	736	226	146
311	1,095	318	260
312	1,100	276	235
313	1,385	297	204
314	800	182	132
326	1,843	673	500
327	1,630	569	411
328	2,077	745	470
329	2,250	681	481
330	1,903	586	392

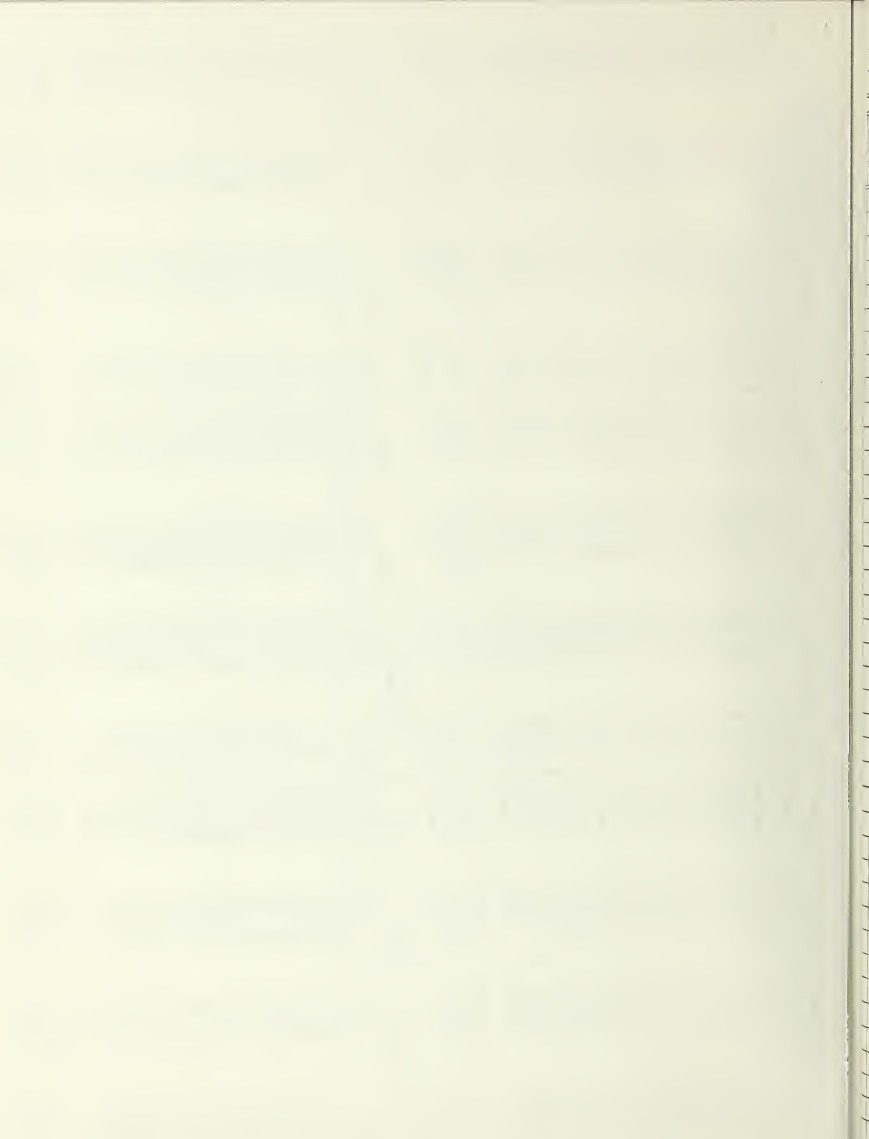
SAN FRANCISCO SENIOR POPULATION CHARACTERISTICS
1980 CENSUS DATA

Census Tract	60+	75+	Living Alone
331	1,074	288	159
332	3,000	1,212	1,287
351	1,706	437	347
352	1,460	299	286
353	1,537	335	285
354	1,253	296	231
401	824	352	227
402	948	338	268
426	1,348	448	388
427	1,018	375	344
428	580	141	94
451	805	307	222
452	1,316	452	378
476	1,075	346	266
477	1,748	622	493
478	1,588	530	370
479	1,990	638	575
601	62	6	-0-
602	12	2	-0-
603	1	1	-0-
604	468	91	78
605	268	50	55
606	8	-0-	4
607	9	-0-	8
608	3	-0-	-0-
609	3	1	-0-
<u>610</u>	<u>324</u>	<u>82</u>	<u>51</u>
TOTALS	137,627*	43,645*	43,050*

* These figures differ slightly from Summary Totals due to different U.S. Census tape runs.



SAN FRANCISCO				SAN FRANCISCO				SAN FRANCISCO				SAN FRANCISCO			
JULY 1, 1980				JULY 1, 1985				JULY 1, 1990				JULY 1, 2000			
AGE	TOTAL	MALE	FEMALE	AGE	TOTAL	MALE	FEMALE	AGE	TOTAL	MALE	FEMALE	AGE	TOTAL	MALE	FEMALE
ALL	680,785	338,560	342,225	ALL	703,680	349,510	354,170	ALL	698,037	346,956	351,081	ALL	626,678	309,831	316,847
0-4	31,619	16,241	15,378	0-4	43,429	22,612	20,817	0-4	38,516	19,923	18,593	0-4	33,138	16,987	16,151
5-9	28,674	14,737	13,937	5-9	31,992	16,408	15,584	5-9	39,716	20,537	19,179	5-9	31,606	16,221	15,385
10-14	32,758	16,637	16,121	10-14	28,607	15,700	12,907	10-14	31,159	15,988	15,171	10-14	30,840	15,827	15,013
15-19	43,492	21,808	21,684	15-19	37,888	19,195	18,693	15-19	30,843	15,796	15,047	15-19	30,573	15,608	14,965
20-24	67,474	34,310	33,164	20-24	57,400	27,546	26,194	20-24	47,039	24,217	22,822	20-24	41,553	20,448	20,005
25-29	67,913	34,692	33,221	25-29	65,316	33,122	32,194	25-29	54,597	24,597	23,952	25-29	46,682	23,797	22,885
30-34	70,629	38,216	32,413	30-34	77,560	40,862	36,698	30-34	68,273	34,343	33,930	30-34	58,145	28,014	28,131
35-39	65,136	32,535	32,601	35-39	71,098	38,388	32,710	35-39	75,276	39,681	35,595	35-39	63,428	30,494	29,934
40-44	65,683	32,563	33,120	40-44	65,124	32,723	32,401	40-44	66,495	33,495	33,000	40-44	58,145	28,014	28,131
45-49	33,395	17,306	16,089	45-49	35,067	18,615	16,452	45-49	43,251	23,564	19,687	45-49	37,417	18,798	18,619
50-54	36,823	18,161	18,662	50-54	32,514	16,641	15,873	50-54	43,238	23,564	19,687	50-54	36,648	18,042	18,606
55-59	38,585	18,209	20,255	55-59	35,468	17,109	18,359	55-59	30,453	15,337	15,116	55-59	37,492	18,101	19,391
60-64	38,687	18,208	20,480	60-64	36,496	16,930	19,566	60-64	32,625	15,479	17,146	60-64	49,715	24,030	25,685
65-69	32,495	15,279	17,216	65-69	30,607	13,474	17,133	65-69	32,442	14,530	17,888	65-69	51,975	25,447	26,528
70-74	28,165	11,721	16,444	70-74	28,694	11,888	16,806	70-74	26,142	10,900	15,242	70-74	20,447	9,724	10,723
75-79	8,254	12,686	7,569	75-79	23,125	8,822	14,303	75-79	22,911	8,745	14,166	75-79	13,325	5,398	7,926
80-84	13,217	4,715	8,502	80-84	15,541	5,391	10,150	80-84	16,721	5,657	11,064	80-84	13,122	4,143	9,000
85+	9,555	3,008	6,547	85+	11,414	3,284	8,130	85+	13,153	3,646	9,507	85+	14,378	4,143	10,235
< 18	116,547	59,560	56,987	< 18	124,913	64,109	60,804	< 18	125,629	64,853	60,776	< 18	112,534	57,899	54,635
18-64	459,466	236,984	222,482	18-64	469,386	242,542	226,844	18-64	461,059	238,621	222,438	18-64	370,624	186,172	184,452
> 64	104,572	42,016	62,556	> 64	109,381	42,859	66,522	> 64	111,349	43,482	67,867	> 64	143,510	65,760	77,750
MEDIAN	33.90	32.91	35.37	MEDIAN	35.79	35.05	36.73	MEDIAN	36.00	37.34	38.79	MEDIAN	47.41	40.92	44.00



YEAR	1980	1985	1990	1995	2000
60+ POPULATION	138,059	145,877	143,974	138,130	133,202
75+ POPULATION	43,712	50,080	52,785	53,006	54,131

Percentage
Changes

21

20

19

18

17

16

15

14

13

12

11

10

9

8

7

6

5

4

3

2

1

0

-1

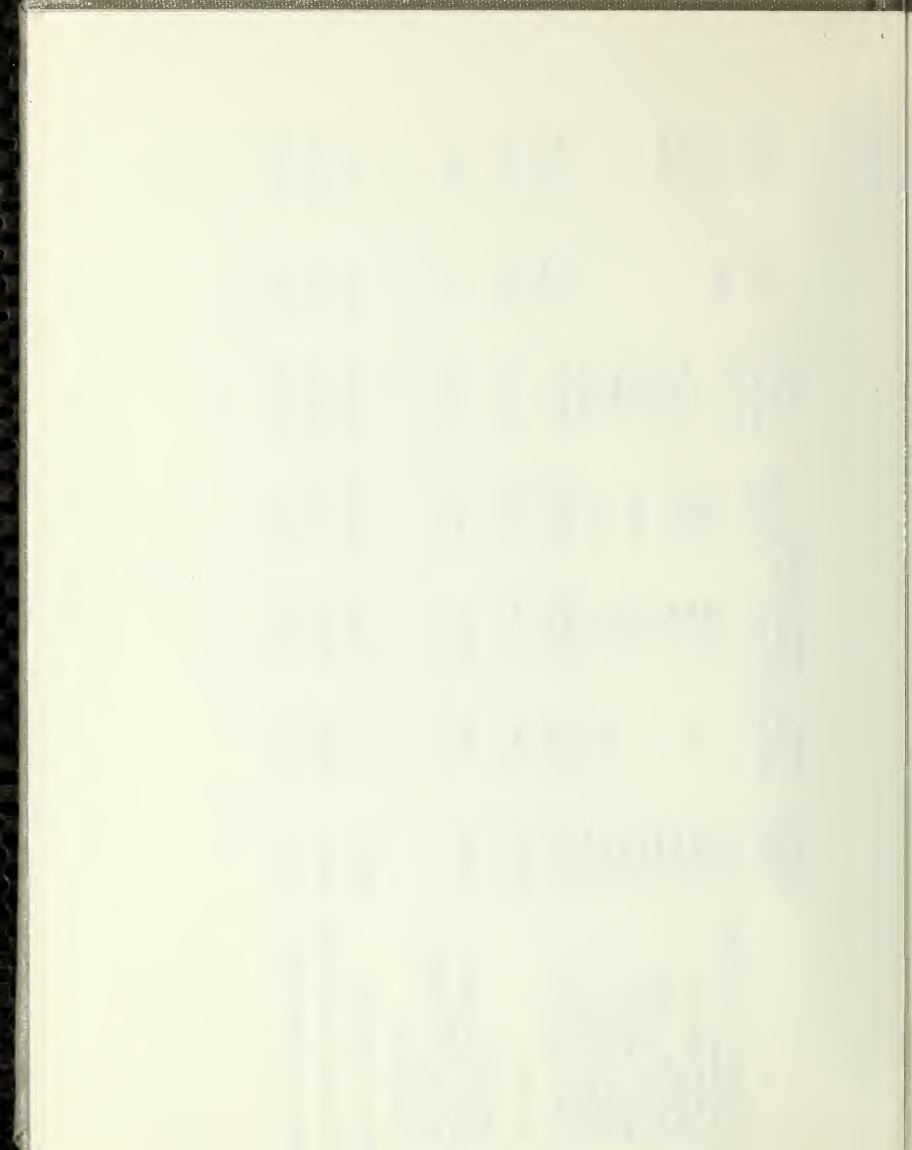
-2

-3

75+ POPULATION

60+ POPULATION

	TOTAL BUDGETED COSTS	PARTI- CIPANT CONTRIBUTION	CONTRIBUTIONS NONMATCHING CASH	NON CASH INKIND	LOCAL MATCH PARKING TAX GEN FUND	STATE MATCH	FEDERAL FUNDS
INFORMATION & REFERRAL	282276		165164			46452	70660
OMBUDSMAN	116623		26038	26880			63705
CASE MANAGEMENT	373440	700	91700	29421	208380		43239
HOUSING	163091		7750	55751	43355		56235
SECURITY & CRIME	126096		5312		120784		
IN-HOME SERVICES	171412		7723	18645	77739		67305
HEALTH SERVICES	113841		5012		108829		
MENTAL HEALTH	72873	6650	250	17755	48218		
TRANSPORTATION	308706				308706		
COMMUNITY SERVICES	2568216	49747	382835	683913	1290421	8213	153087
LEGAL SERVICES	580959	8900	31061	117533	0	1298	422167
SUB TOTAL	4877533	65997	722845	949898	2206432	55963	876398
EMPLOYMENT							
CONSUMER SERVICES	343424	6096	32257	55415	171054	0	78602
SENIOR CENTERS							
PROGRAM DEVELOPMENT							
ADVOCACY							
COORDINATION							
TOTAL SUPPORTIVE	5220957	72093	755102	1005313	2377486	55963	955000
CONGREGATE NUTRITION	5590215	827404	905002	734135	1760160	57158	1306356
HOME DELIVERED MEALS	1754750	409320	580314	66517	432255	14744	251600





FOR IMMEDIATE RELEASE

A Bulletin of Pertinent Information
Published by the San Francisco Commission on the Aging

DATE: FEBRUARY 8, 1985
SUBJECT: COMMITTEE MEETINGS
CONTACT: RANDOLPH FLEMING, 557-5844

.....

SENIORS WANTED!

YOUR CHANCE TO EXPRESS WHAT YOU WANT AND WHY YOU WANT IT.

THE ADVISORY COUNCIL TO THE SAN FRANCISCO COMMISSION ON AGING WILL
CONDUCT ANNUAL COMMUNITY MEETINGS DURING THE MONTHS OF FEBRUARY AND MARCH.

THE COUNCIL WANTS TO HEAR FROM YOU. YOUR COMMENTS WILL BE GIVEN TO THE
COMMISSION ON AGING FOR CONSIDERATION IN FUNDING SENIOR PROGRAMS.

THESE MEETINGS WILL BE INFORMAL. WE NEED TO HEAR FROM YOU. PLEASE COME.

FRENCH HOSPITAL BALLROOM
6TH AVENUE & ANZA STREET
CO-CHAIRS: HENRY PINEDA
TONY MAROVICH

FRIDAY, FEBRUARY 22
2:00 - 4:00 P.M.

SCHLAGE LOCK CO. - AUDITORIUM
2401 BAYSHORE AVENUE
CO-CHAIRS: ELSIE SUTTLE
BARZILLIA ELLIS

TUESDAY, FEBRUARY 26
2:00 - 4:00 P.M.

YMCA/STONESTOWN
333 EUCALYPTUS STREET
CO-CHAIRS: GERALDINE CLAY
ALEXANDRA GLAZUNOVA

MONDAY, MARCH 4
2:00 - 4:00 P.M.

STATE OFFICE BUILDING
450 McALLISTER STREET
ROOM 1194
CO-CHAIRS: STAFFORD BUCKLEY
EDITH TANAKA

TUESDAY, MARCH 5
2:00 - 4:00 P.M.

COMMUNITY MEETINGS

Community Meetings are held each year to provide an opportunity for members of the senior community to express their concerns and needs for services to the Advisory Council. The four Community Meetings held during February and March, 1985, were at community sites where there are large concentrations of seniors. Translators were provided as needed in appropriate languages. The sites are rotated each year and are chosen in an effort to assure participation of a broad-based, cross-section of the senior population.

The Advisory Council serves as a link between the community and the Commission. One of the Council's roles is to conduct these Community Meetings which are arranged and set up by the SFCOA staff. Publicity, sign-in procedures, recording, and other technical assistance are provided by staff. Each Community Meeting is co-chaired by two members of the Advisory Council.

The Community Meetings provide a forum for seniors to air their concerns and needs, as well as to describe existing services which they find useful. The Advisory Council, in turn, takes this information to the Commission in the form of recommendations for services to be provided. This is an important part of the planning process, in that, by learning of unmet needs and citizen concerns, the Commission can identify target areas and populations for future provision of services. This information is an important tool in program planning and prioritizing, especially when combined with other demographic and sociological data.

The following comments from the Community Meetings have not been edited. The Advisory Council will meet in Ad Hoc Committee to summarize these verbatim comments. This summary will be included prior to the Public Hearing in May.

COMMUNITY MEETING

French Hospital, Ballroom
6th Avenue and Anza Street
February 22, 1985

- Self Help for the Elderly, expressed thanks for support of Richmond site and asked for continued support.
- Kimochi, alternate sources of funding are needed. Need to expand nutrition and supportive services in the future. In future, the population will be older and need greater services.
- Legal Assistance to the Elderly, wants to expand programs and be considered higher priority.
- Russian American Center, needs funds to establish one central service center, also needs transportation services. Need full-time staff people, social workers, etc.

COMMUNITY MEETING

Schlage Lock Co., Auditorium
2401 Bayshore Avenue
February 26, 1985

- Potrero Hill neighborhood needs another nutrition site.
- Sunnydale housing project needs a senior center and nutrition site.
- Sunnydale housing project seniors need health services, transportation, home-delivered meals, and a companion program.
- Sunnydale housing project seniors need outreach services.
- Visitation Valley Community Center seniors wish to thank the Commission on Aging for funding their nutrition program.
- There is a need for a second nutrition site in Visitation Valley.
- Comments were made on the new Intrastate Funding Formula, specifically, that San Francisco seek its fair share of funds.
- There is a need for transportation vans to be equipped with wheelchair lifts.
- Seniors from Visitation Valley Improvement Association wish to thank the providers of escort services in the neighborhood.
- Visitation Valley Improvement Association spokesperson wishes to caution seniors regarding crime against them, to encourage crime prevention measures, and to urge seniors to volunteer their time to those more needy.
- Visitation Valley Escort Services wish the Valley to have higher police visibility.
- A spokesperson from the California Senior Legislature urged seniors to express their needs to that body.
- The Visitation Valley Community Center Glee Club room needs funds to purchase heating equipment, funds to put on performances, and more electrical outlets in their practice room.

COMMUNITY MEETING

YMCA - Stonestown
333 Eucalyptus Street
March 4, 1985

- Information given on California Senior Legislature.
- Need for transportation for seniors in the Sunset who do not drive. Buses numbered 28 and 18 on Eucalyptus need to be restored.
- Suggestion to have Community Meeting at lunch hour because more people are at Stonestown YMCA at that time.
- Expressed support for rent control.
- Sunset Community Education Center needs another space, wants Commission to support group before the Board of Education to help with a move to another school.
- Seniors wished to know who controls the number of meals at the YMCA meal site, food is not always a complete meal, there are sometimes turn-aways.
- Need for transportation, there is often a long waiting list for taxi vouchers.

COMMUNITY MEETING

State Office Building
350 McAllister Street
Mach 5, 1985

- Announcement regarding the California Senior Legislature election.
- Third Baptist Church Senior Program, need to expand to three-day week, need to monitor Rest Home improvements, need to increase salaries of workers in Rest Homes in order to secure better services.
- North of Market Health Council, their medical model of services, Adult Day Health Care, is well received. Their outreach efforts and seven-day per week meal program is bringing in larger numbers of seniors and there is a need to increase their physical space.
- Western Addition Senior Service Center, the center needs a space of its own, not to be shared by other groups.
- Operation Concern's GLOE program, there is a continuing need for services to older gays and lesbians.
- Salvation Army Senior Activities Center, need full-time bilingual (Cantonese) social worker. Volunteer workers and case managers are well received.
- Western Addition Senior Service Center, senior programs are interrupted due to lack of own space, own building.
- Salvation Army Senior Activities Center, there has been an increase in the number of seniors using the Center and there is a need for increasing funding levels.
- Western Addition Senior Service Center, they appreciate their director and staff but need a space of their own.
- Silvercrest Senior Housing - they appreciate meals-on-wheels, there is a need for more funds.
- Third Baptist Church Senior Program - they need the services of a Registered Nurse, need more arts and crafts, need portable ramps for wheelchairs.
- Canon Kip Community House - appreciate exercise programs.
- Western Addition Senior Service Center - need multipurpose center, need more funds for nutrition.

- San Francisco Senior Center Downtown, will be moving to new center this summer, there will be more space and more seniors, thus there will be a need for more funds. There is a need for funds to pay for office space.
- Silvercrest Senior Housing, appreciate luncheon program, need to increase social services, need for supermarket nearby, need cleaners, barber shop, and check cashing facility.
- Western Addition Senior Service Center, appreciates Commission leadership and expertise regarding Mello and Garamendi programs. There is a need for transportation services for seniors in wheelchairs, supportvie service workers, outreach worker, crime abatement, and a building of their own.
- Operation Concern's GLOE Program, there is a need for volunteer visitors into the homes of seniors.
- Salvation Army Senior Activities Center, wonderful center and staff, there is a need for more senior housing.
- Self Help for the Elderly, the nutrition program serves 800 meals per day, the Commission funding is much appreciated, the lease at 640 Pine Street expires in 1988 and a new space will be needed in the Chinatown area. Most seniors live alone, there is a need for commodities and silverware. They need a Registered Nurse to check blood pressures. There is a need for in-home services since seniors live alone, cannot shop, and become depressed.
- Canon Kip Community House, need more meals to prevent turn away, need bilingual (Tagalog) staff, need more transportation.
- Galaxy, program for older gays and lesbians seeking housing for same.
- Senior programs should be moved into schools and churches.
- Demasalang House, need case management staff.
- Manilatown meal site, Self Help for the Elderly, support and continue our meals program and services, need transportation, need new meal site after 1988.



The Advisory Council to the Commission on the Aging
Assessed from Community Hearings of February 22 through
March 5, 1985, recommend the following by priority:

1) Nutrition

We strongly urge the expansion of existing nutritional sites. Also, there is a need to provide more locations for this kind of service in the Sunnysdale and Potrero Hill Housing Projects.

2) Multipurpose Senior Centers

Advocate for more funds which are needed to secure additional space in order to provide more services.

3) Transportation

There is a need to advocate for increased funding in order to meet the ever-increasing need for transportation and to provide some support services, i.e. outreach, taxi script for handicapped, increased Mini service.

4) Bilingual Services

Continue all bilingual programs and expand where needed.

5) Escort Services

We recommend that the Commission on Aging coordinate with the San Francisco Police Department and advocate for expanded service in under-served areas, and also to advocate for police patrol where seniors congregate in order to discourage criminal activity.

6) Adult Day Health Care

Continue to expand Adult Day Health Care.

7) Emergency In-Home Care

Advocate for expanded emergency in-home care with the Department of Social Services.

8) Quality of Life

To provide a liason to assure access for seniors to a range of cultural activities and to coordinate a city-wide activities calendar.

9) Housing

We recognize that affordable and accessible housing is a continuing need and that need should be addressed by any and all means available to the Commission.

10) Legal Services

Legal services should be maintained at existing levels.

ESuttle/aic

RESOURCES IDENTIFICATION

The following is a listing of resources used by the San Francisco Commission on Aging. Resources are developed using three methods: (1) Formal Agreement, (2) Interagency Coordination Committee, and (3) Informal Coordination. Resources are further divided into either Public Sector or Private Sector.

RESOURCES USED BY THE SFCOA:	WAYS IN WHICH RESOURCES ARE DEVELOPED		
List of <u>Private</u> Sector Resources:	Formal agreement	Interagency Coordination Committee*	Informal Coordination

FOUNDATIONS:

<u>San Francisco Foundation:</u> Interview on issues concerning the elderly.	x
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<u>Levi Strauss Foundation:</u> Joint development of data base funded by Levi-Strauss for community planning.	x
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<u>S.F. Women's Foundation:</u> Information and technical assistance	x
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<u>Koret Foundation:</u> Information and technical assistance	x
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<u>Goldman Fund:</u> Information and technical assistance.	x
--	---

<u>Business & Professional Women's Foundation:</u> Washington, D.C., Information & technical assistance on issues concerning dependent care.	x
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<u>Villers Foundation:</u> Washington, D.C. Technical assistance on advocacy issues.	x
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<u>Enterprise Foundation:</u> Reston, Va. Technical assistance on housing for the elderly.	x
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List of Private Sector
Resources:

Formal
Agree-
ment

Interagency *
Coordination
Committee

Informal
Coordinat

Rockefeller Brothers Fund: New
York City. Technical assistance
on funding issues.

x

Chevron, USA: Corporate contri-
butions, technical assistance on
funding issues.

x

Hattie M. Strong Foundation:
Washington, D.C. Information on
intergenerational programs.

x

MEDIA:

KQED FM: Panel presentation on
"Aging in the 80's."

x

KNBR Radio: Panel presentation
on Commission on Aging.

x

Bridge Newspaper:

x

S.F. Progress: Interview on
Commission on Aging.

x

S.F. Chronicle: Information.

x

S.F. Examiner: Information.

x

Reader's Digest, USA: Technical
assistance on article concerning
housing alternatives to the
elderly.

x

KCBS Radio: Information, tech-
nical assistance.

x

KGO Television: Ascertainment
interview on community needs.

x

NON-PROFIT AGENCIES:

San Francisco Forum: Information
and technical assistance.

x

San Francisco Medical Society
Auxiliary: Information and
technical assistance.

x

List of Private Sector
Resources:

Formal
Agree-
ment

Interagency *
Coordination
Committee

Informal
Coordination

Cooks and Culinary Workers

Local #2 Retired Employees:

Joint planning and technical
assistance.

x

ILWU Retired Employees Club:

Information and advocacy
planning.

x

Marshall Hale Hospital:

Technical assistance.

x

Mt Zion Hospital: Technical
assistance.

x

St. Mary's Hospital: Presenta-
tion at conference and techni-
cal assistance.

x

Pacific Medical Center: Advocacy
on Systolic Hypertension & the
Elderly project.

x

National Institute for Neural
Injury: Technical assistance.

x

Area Board Five, Developmental
Disabilities: Liaison.

x

San Francisco Developmental
Disabilities Council: Liaison.

x

Coalition of Agencies Serving
the Elderly: Joint planning on
issues affecting the elderly.

x

Elder Abuse Consortium, Mt. Zion
Hospital: Technical assistance,
advocacy.

x

United Way of the Bay Area: Plann-
ing on Rosa Parks Project. Joint
planning on information and referral
services. Joint training on infor-
mation and referral.

x

x

x

Coro Foundation: Technical assis-
tance in placing interns with non-
profit organizations serving the
elderly.

x

List of Private Sector
Resources:

Formal
Agree-
ment

Interagency *
Coordination
Committee

Informal
Coordinati

Western Addition Committee on
Crime and Security: Technical
assistance and presentation at
conference.

x

S.F. Junior League: Information
and planning on issues affecting
the elderly.

x

S.F. Catholic Charities: Advocacy,
planning on issues affecting the
elderly.

x

Mission Hiring Hall: Planning on
employment issues affecting the
elderly.

x

California ABLE: Planning on
employment issues affecting the
elderly.

x

S.F. Chamber of Commerce: Advocacy
on discount services to the elderly.

x

U.S. Conference of Mayors: Joint
planning and sharing of program
information.

x

California State Association of
County Supervisors: Presentation
at state workshop sharing program
information.

x

Aging Health Policy Center, UCSF:
Sharing of information on issues
concerning the elderly.

x

Girls' Club of America, Inc.:
New York, Coordination on inter-
generational projects.

CORPORATIONS:

Southwestern Bell, St. Louis:
Technical assistance.

x

Pacific Bell: Technical
assistance.

x

List of Private Sector
Resources:

Formal
Agree-
ment

Interagency *
Coordination
Committee

Informal
Coordination

Foremost McKesson Corporation:

In-kind services, printing.

x

McDonald's: Coordination of
discount vouchers for weekend
meals.

x

x

Pacific Gas and Electric: Tech-
nical assistance concerning weath-
erization programs for the elderly.

x

Merrill Lynch, Pierce, Fenner
and Smith: Joint planning on
senior Phon-a-Thon.

x

Pfizer Pharmaceuticals:
COA coordinated a workshop
attended by 200 people on the
topic, "Help Yourself to Good
Health."

x

G. Resources Identification

List of <u>Public Sector</u> Resources:	Formal Agree- ment	Interagency * Coordination	Informal Coordination
<u>U.S. Department of State:</u> Coordination and sharing of information with experts in the field of aging from Japan, Italy and Colombia.			x
<u>U.S. Consumer Product Safety Commission:</u> Safety promotion for the elderly; coordination on local conference.			x
<u>Veterans Administration:</u> Coordination on representative payee program.		x	x
<u>Social Security Administration:</u> Technical assistance on new income tax regulations affecting the elderly.			x
<u>LOCAL PUBLIC AGENCIES:</u>			
<u>Mayor's Fiscal Advisory Committee:</u> Technical assistance to the Commission on Aging.	x		
<u>Mayor's Task Force on the Tenderloin:</u> Interagency Committee on housing in the Tenderloin.		x	
<u>Mayor's Task Force on Mental Health</u> Review and recommendations on mental health issues.	x		
<u>S.F. Housing Authority:</u> Planning for Rosa Parks Senior Housing. Development of meal site at 1111 Buchanan Street.	x	x	x
<u>S.F. Conservation Corps:</u> Review and coordination of projects benefiting agencies serving the elderly.			x
<u>S.F. Department of Social Services:</u> Use of facility for COA administrative offices; coordination and planning on long term care issues.	x	x	x

List of Public Sector
Resources:

Formal
Agree-
ment

Interagency *
Coordination
Committee

Informal
Coordination

S.F. Department of Public Health

- 1) Joint funding of Senior Health
Promotion Information and Referral
Service;
- 2) Informal coordination on long term
care issues;
- 3) Formal co-sponsorship of Adult
Day Health Planning Council.

x

x

x

x

x

x

x

x

x

S.F. Office of Community Development

Coordination on funding programs.

x

S.F. Public Library

Panel presentation on the elderly.

x

Title V - O.E.O:

Coordination on employment programs
for the elderly.

x

S.F. Police Department:

Coordination on security/crime issues
affecting the elderly.

x

S.F. Public Utilities Commission:

Coordination on issues involving senior
paratransit.

x

x

x

S.F. Mayor's Office on Disaster

Preparedness:

Joint training session on disaster
preparedness for service providers of
Commission on Aging, technical
assistance to Commission.

x

x

x

S.F. Sheriffs Department:

Continuing liasion with victim witness
program; coordination with sheriff's
eviction unit.

x

x

x

S.F. Fire Department:

Technical assistance on Fire Department's
Firehawk program.

x

II. ANNUAL REPORT AND OPERATIONAL PLAN UPDATE

Management by Objectives (MBO) Plan for the City and County of San Francisco, Financial Information and Resources Management (FIRM) System

Fiscal Year 1984-1985

Major Service Area:

Human Welfare and Neighborhood Development.

Community Goals:

Social and Economic Well-being
Support Services
Departmental Administration

Department Goals:

To improve the quality of life for San Francisco's senior citizens and prevent the premature institutionalization of San Francisco's frail elderly.

To plan for and administer senior programs mandated, governed and funded by the Federal Older Americans Act and the San Francisco Senior Citizens Parking Tax Fund by developing an efficient system for the processing of budget, reports and payments, and for monitoring contractors' program compliance.

Department Programs:

Senior Services
Contract Administration, Planning and Coordination

List of Public Sector
Resources:

Formal
Agree-
ment

Interagency *
Coordination
Committee

Informal
Coordination

S.F. Board of Education:

Technical assistance on intergenerational
programs in the schools.

x

S.F. Community College:

Co-sponsorship of programs on the
elderly; presentations at conferences
and seminars.

x

x

University of California at San Francisco:

Senior Health Education Program endorsed
by COA.

x

Program I:

Senior Services

Program Goal:

To improve the quality of life for San Francisco's senior citizens and prevent the premature institutionalization of the City's frail elderly.

Objectives:

1) Information and Referral

Information and Referral consists of activities which provide (1) facts or knowledge in response to client requests; (2) referral of specific services through arrangements and appointments to link a client with appropriate services; and (3) follow-up with the client or organization to ensure that referrals are effectively completed.

MEASURES:

TARGETS:

Number of unduplicated clients served:

12,500

Information: To give information about resources, programs and services. (Does not attempt to facilitate appointments or other arrangements between the client and the service provider and does not represent agency receptionist activity.)

Number of clients served:

12,500

Referral: To provide arrangements and appointments to link clients with appropriate community services.

Number of clients referred:

8,000

Evaluation/Follow-up: To determine the quality of effectiveness of service provided to a client.

Number of follow-ups:

3,980

(continued)

2) Ombudsman

TARGETS:

To ensure the rights and entitlements of older persons in longterm care facilities by investigating and resolving complaints and initiating corrective action where necessary.

Number of unduplicated clients served:

200

Complaint Investigation/Resolution: Activities related to receiving, analyzing, researching, observing, interviewing or verifying a complaint; activities related to intervention in a complain on behalf of a client using skills and techniques such as advocacy, facilitation, conciliation, mediation, negotiation, representation, referral, follow-up, or education.

Number of hours:

1,600

Education/Training: To educate groups of older persons, their families, significant others, community organizations, or facility staff, about seniors' rights, benefits and entitlements (exclude training of program staff or volunteers).

Members of one-hour presentations:

800

3) Case Management

To enable functionally impaired older persons to obtain services which promote and maintain their optimum level of functioning in the least restrictive setting possible.

MEASURES:

Number of unduplicated clients served:

1,543

Comprehensive Assessment: To collect necessary psychosocial and health information about a client in order to develop a care plan.

Number of hours:

4,292

Care Planning: To write an individualized plan of care and services under a case management system based on a comprehensive assessment of the client's condition and/or resources.

Number of hours:

2,581

(continued)

TARGETS:

Service Authorization or Arrangement: To obtain services according to an individualized care plan by coordinating existing services, authorization for payment for services, or purchase of services.

Number of hours: 3,785

Case Monitoring: To determine quality and effectiveness of services provided to a client according to an individualized care plan; to maintain periodic client contact to determine if change has occurred; and to take appropriate action as necessary.

Number of hours: 4,847

Outreach-Personal: To identify and locate individuals and to provide information and encouragement about existing services and benefits. These activities are on a one-to-one basis (such as door-to-door contact or special assistance in communications).

Number of clients served: 470

4) Housing

To assist older persons to locate or maintain adequate housing.

MEASURES:

Number of unduplicated clients served: 1,511

Placement: To assist a person to obtain suitable living arrangements (includes counseling and assessment as necessary).

Number of placements: 286

Referral: To provide arrangements and appointments to link clients with appropriate community services. (May not be provided without Evaluation/Follow-up.)

Number of clients referred: 1,294

Evaluation/Follow-up: To determine the quality and effectiveness of service provided to a client.

Number of follow-ups: 2,035

(continued)

TARGETS:

Outreach-Personal: To identify and locate individuals and to provide information and encouragement about existing services and benefits. These activities are on a one-to-one basis (such as door-to-door contact or special assistance in communications).

Number of clients served:

900

5) Nutrition-Congregate

To maintain or improve the physical and social well-being of older persons through appropriate nutrition services.

MEASURES:

Number of unduplicated clients served:

28,177

Meals: To provide one meal which assures a minimum of one-third of the current Recommended Dietary Allowances (established by the Food and Nutrition Board, National Research Council).

Number of meals served:

1,184,200

Nutrition Education: To provide regularly scheduled programs which conform to the requirements of Section H, Nutrition Services, of the Title III Program Manual, which are planned, approved and coordinated by a qualified Dietitian/Nutritionist. These programs may include demonstrations, audio-visual presentations, lectures, or small group discussions.

Numbers of presentations:

1,087

6) Nutrition - Home-Delivered

To maintain or improve the physical and social well-being of older persons through appropriate nutrition services.

MEASURES:

Number of unduplicated clients served:

2,837

(continued)

Meals: To provide one meal that assures a minimum of one-third of the current Recommended Dietary Allowances (established by the Food and Nutrition Board, National Research Council).

Number of meals delivered: 363,450

Nutrition Counseling: To provide individual dietary evaluation counseling which relates to normal or therapeutic nutritional needs and which is performed by a Dietitian/Nutritionist. Nutrition counseling may be made either in person or by phone.

Number of clients counseled: 70

7) Security/Crime

To enhance the safety and security of older persons and reduce their anxieties about crime.

MEASURES:

Number of unduplicated clients served: 562

Escort: To accompany and personally assist a client to obtain a service for safety or security reasons (includes transportation, if necessary).

Number of completed trips: 5,940

Outreach-Personal: To identify and locate individuals and to provide information and encouragement about existing services and benefits. These activities are on a one-to-one basis (such as door-to-door contact or special assistance in communications).

Number of clients served: 155

8) In-Home Services

To assist functionally impaired older persons to remain in their homes.

MEASURES:

Number of unduplicated clients served: 798

(continued)

Chore: To provide periodic maintenance for a household such as heavy cleaning, washing windows, trimming trees and mowing lawns.

Number of hours: 1,200

Housekeeping/Homemaking: To provide light routine maintenance of a household, including such support as dusting, vacuuming, laundry, meal preparation or shopping.

Number of hours: 6,776

Personal Care: To assist clients with routine care of a personal nature such as bathing, dressing, personal appearance, feeding and general hygiene.

Number of hours: 2,400

Telephoning: To phone a client to provide reassurance and comfort.

Number of clients called: 17,736

Visiting: To visit a client to provide reassurance and comfort.

Number of hours: 814

9) Health Services - Health

To maintain or improve the physical health of older persons.

MEASURES:

Number of unduplicated clients served: 4,950

Health Screening: To provide a brief examination to determine need for more in-depth medical evaluation and referral when appropriate.

Number of hours: 5,296

Education/Training: To impart knowledge, provide information, or instructions on health topics in a group setting (excludes training of program staff or volunteers).

Number of one-hour presentations: 372

(continued)

TARGETS:

Comprehensive Assessment: To collect necessary information about a client to determine need and/or eligibility for a service and recommend action to remedy the problem identified. (Must include the function of Referral and Evaluation/Follow-up.)

Number of hours:

1,100

Physical Fitness: To conduct activities, under qualified supervision, to sustain and improve the health and well-being of a client, such as exercise sessions.

Number of hours:

800

Therapy: To provide treatment of a specific physical problem by a health professional or an allied health professional as permitted by law.

Number of hours:

40

Outreach-Personal: To identify and locate individuals and to provide information and encouragement about existing services and benefits. These activities are on a one-to-one basis (such as door-to-door contact or special assistance in communications).

Number of clients served:

2,410

10) Health Services - Mental Health

To maintain or improve the mental health of older persons.

MEASURES:

Number of unduplicated clients served:

340

Comprehensive Assessment: To collect necessary information about a client to determine need and/or eligibility for a service and recommend action to remedy the problem identified. (Must include the function of Referral and Evaluation/Follow-up.)

Number of Hours:

121

(continued)

TARGETS:

Therapy: To provide therapeutic counseling for a specific psychological problem by a health professional as permitted by law.

Number of hours: 520

Referral: To provide arrangements and appointments to link clients with appropriate community services. (May not be provided without Evaluation/Follow-up.)

Number of clients referred: 180

Evaluation/Follow-up: To determine the quality and effectiveness of service provided to a client.

Number of follow-ups: 210

Education/Training: To provide knowledge to groups of seniors to enhance their self-understanding and to develop techniques for coping with daily living. (Excludes training of program staff or volunteers.)

Number of one-hour presentations: 252

12) Transportation

To secure or provide transportation to assist older persons in obtaining essential services.

MEASURES:

Number of unduplicated clients served: 1,416

Transportation: To take a client from one location to another.

Number of one-way trips: 47,984

Income Support/Material Aid: To provide aid in the form of travel vouchers/transit passes.

Number of clients served: 1,270

13) Community Services

To maintain or improve the well-being of older persons through the provision of necessary services in the community.

(continued)

MEASURES:

TARGETS:

Number of unduplicated clients served: 44,150

Senior Center Scheduling: To arrange for the provision of supportive services by community resources.

Number of sessions: 9,580

Income Support/Material Aid: To provide aid in the form of money or goods (excludes travel vouchers/transit passes and reimbursement for out-of-pocket expenses by staff or volunteers).

Number of clients served: 68,194

Arts/Recreation: To provide for organized art or recreational activities for creative expression or socialization (includes athletic competition).

Number of hours: 53,322

Social Day Care: To provide a supervised and organized program of social, recreational, and nutritional services for frail older persons to enhance their daily functioning and well-being.

Number of hours: 12,403

Volunteer Opportunities: To develop opportunities throughout the community; to match older persons with those opportunities; and arrange for placement in appropriate volunteer positions. (For exclusive use in programs in which the primary function is to place senior volunteers.)

Number of placements: 600

Outreach-Personal: To identify and locate individuals and to provide information and encouragement about existing services and benefits. These activities are on a one-to-one basis (such as door-to-door contact or special assistance in communications).

Number of clients served: 57,926

(continued)

14) Legal Services

To ensure the rights and entitlements of older persons by providing or securing legal services.

MEASURES:

Number of unduplicated clients served: 4,657

Legal Services: To provide legal information, advice, counseling, administrative representation, and judicial representation to an individual or to a group by a member of the California State Bar or by a non-attorney under the supervision and control of a member of the California State Bar.

Number of hours: 14,647

Education/Training: To educate or train about seniors' rights, entitlements, and benefits to groups of seniors, their families, community organizations, or significant others (excludes training or program staff or volunteers).

Number of one-hour presentations: 2,107

16) Consumer Services

To enable older persons to avoid exploitation and to purchase quality goods and services at lower costs.

MEASURES:

Number of unduplicated clients served: 14,670

Discount: To issue a discount card which can be used to reduce the costs of goods or services.

Number of cards issued: 35,400

Education/Training: To provide consumer education to groups of seniors (excludes training of program staff or volunteers).

Number of one-hour presentations: 2,709

Forms Completion: To provide assistance with the completion of financial forms (including tax forms) or other documents.

Number of hours: 6,065

TARGETS:

(continued)

Outreach-Personal: To identify and locate individuals and to provide information and encouragement about existing services and benefits. These activities are on a one-to-one basis (such as door-to-door contact or special assistance in communications).

Number of clients served:

3,816

Program II:

Contract Administration, Planning and Coordination.

Program Goal:

To plan for and administer senior programs mandated, governed and funded by the Federal Older Americans Act and the San Francisco Senior Citizens Parking Tax Fund by developing an efficient system for the processing of budget, reports and payments, and for monitoring contractors' program compliance.

Objectives:

MEASURES:

TARGETS:

- 1) To monitor 100% of all contractors at least once quarterly for program performance.

Contracts monitored quarterly:

164

- 2) To report all monthly project expenditures to the State within 15 days after the close of the month reported.

Reports process within 15 days:

12

- 3) To provide fiscal technical assistance for at least 90% of service providers.

Contracts requiring assistance:

37

- 4) To process 90% of all requests for funds from contractors within 15 working days of receipt.

Reports processed within 15 days:

440

- 5) To process 100% of all contracts within 45 days.

Number of contracts processed within 45 days:

41

- 6) To assess 100% of contractors within six months of the beginning of the contract period.

Number of contracts assessed within first six months:

41

(continued)

- 7) To send 90% of the assessment reports to contractors within 30 days of the assessment.

Number of assessment reports sent to contractors within 30 days of assessments:

37

ANNUAL REPORT AND OPERATIONAL PLAN UPDATE

MAJOR OBJECTIVES ACHIEVED FOR THE TWO-YEARS PRECEEDING THIS AREA PLAN

1) Reorganization of the Commission on Aging:

For the last two years, the Commission on Aging staffing pattern has undergone extensive reorganization. A new position, that of Deputy Director, was developed pursuant to the California Department of Aging's Corrective Action Plan of 1982.

The Commission on Aging developed a Memorandum of Understanding with the Department of Public Health and transferred the Information and Referral unit over to DPH in 1982. It is now jointly funded by the Department of Public Health and the Commission and has been restructured as the Senior Health Promotion, Information and Referral Program of the Department of Public Health.

Written policies and procedures have been developed for Commission on Aging staff covering work performance and completed staff work.

2) Program Monitoring:

Systems have been developed and put into practice to provide for more effective program monitoring. Program Analysts are responsible for monthly site visitations at each contracted agency, including increased technical assistance.

Systems have been developed to allow for a more orderly Request for Proposal and Contract Renegotiation procedures (See Administrative MBO's on pages 55 and 56.

Program Enhancement:

A number of changes have been incorporated into contract procedures to enhance the quality of programming under contract to the Commission on Aging.

In 1983, the Commission developed a Memorandum of Understanding with the Public Utilities Commission to contract for all transportation of seniors previously apportioned to a number of service providers. For the same dollar amount of the consolidated contracts, the Commission was able to provide more rides, greater adherence to schedule, and increased coordination with the PUC Senior Paratransit Program.

In 1984, with the funds derived from SB 1996 (home-delivered meals), the Commission completely revamped the services for home-delivered meals. A clearinghouse at Meals on Wheels now serves as the single entry point for home-delivered meals service, and all special diet meals are now prepared at Laguna Honda Hospital kitchen. A training session has been held with hospital discharge planners throughout the City, so that they are familiar with the reorganized system.

MAJOR OBJECTIVES NOT ACHIEVED AND WHY

The next major area of program focus for the Commission staff will be the development of joint planning and coordination with the Department of Public Health and the Department of Social Services for services to the frail elderly.

This will be a more complete coordination, in that the three agencies have varied sources of funding and somewhat different reporting and accountability procedures. The Directors of Social Services, Public Health and Commission on Aging have held one meeting to begin the planning process. Internal reorganization within both the Commission on Aging and the Department of Public Health have been necessary first steps.

SUMMARY OF CHANGES

A major area of focus for Fiscal Year 1985-86 will be to review services to the frail elderly, in conjunction with the Department of Public Health and the Department of Social Services. These City Departments now provide services for the frail elderly, including Case Management, In-Home Supportive Services, etc. It is our intent to jointly review our programs, to eliminate, where possible, areas of duplication and overlap, and to provide for a more comprehensive and coordinated delivery of services.

COMMISSION ON AGING

Revenue Estimate/Proposed Expenditures
Fiscal Year 1984-85, Projected Fiscal Year 1985-86

<u>REVENUES</u>	<u>FY 1984-85</u>	<u>Projected</u>
Federal Title IIIB (Support Services)	\$ 955,000	\$ 955,000
Federal Title IIIC ¹ (Congregate Nutrition)	1,306,356	1,306,356
Federal Title IIIC ² (Home Delivered Meals)	276,600	276,600
California State Match	147,259	147,259
California State Non-Match	434,045	434,045
U.S.D.A. Reimbursement	940,875	940,875
Subtotal (CDA)	4,060,135	4,060,135
S.F. Parking Tax	4,867,469	4,962,859
S.F. General Fund	200,000	200,000
Subtotal (S.F.)	5,067,469	5,162,859
TOTAL REVENUES	9,127,604	9,222,994
<u>PROPOSED EXPENDITURES</u>		
COA Administration	760,339	855,729
Senior Service Contracts	7,401,390	7,401,390
U.S.D.A. Reimbursement	940,875	940,875
Indirect Costs	25,000	25,000
TOTAL EXPENDITURES	9,127,604	9,222,994

I N T R O D U C T I O N

There are twenty-two members of the Advisory Council to the San Francisco Commission on the Aging. Eleven are appointed by the Commission and each of the eleven San Francisco Supervisors appoints a member. Terms of office are for two years. The Advisory Council is composed of people who are volunteering their time, experience, energy and desire to provide information and guidance to the staff of the San Francisco Commission on Aging and the Commissioners. The Advisory Council's role includes the tasks of planning, communicating, and advocating for older persons. The Council is an integral gear in the area planning process. Committees and individual members regularly review the progress that the San Francisco Commission on Aging and the service providers are making toward completion of the objectives in the Area Plan. Council members chaired each of the Community Meetings held during January and February.

The Advisory Council's responsibilities and functions are to:

- 1) Advise the SFCOA on all matters relating to the development, implementation, and administration of the Area Plan and operations thereunder.
- 2) Maintain close liaison with the SFCOA for the purpose of exchanging information and receiving input and recommendations regarding needed programs.
- 3) Provide liaison between the SFCOA and senior citizens throughout the City and County, through the establishment of subcommittees, and the development of liaison with other agencies, departments, and organizations within and without the City and County structure on problem areas affecting the elderly.
- 4) Act as advocates on behalf of the elderly population to assure progress at City and County, State and National levels in the key issues of income, health care, transportation, housing, education, improvement of nursing home conditions, and comparable areas, with particular attention to our City and County responsibilities.
- 5) Provide the point of view of the older person with regard to the most urgent needs of persons classified as being in the greatest social and economic need.
- 6) Represent the Council at meetings and public hearings throughout the City and County and State, as necessary.

continued

- 7) Assist in improving the level of understanding about the needs of the elderly and the available resources existing within the City and County through public monthly meetings, and by presentations by members at organizations and clubs.
- 8) Participate in SFCOA training programs such as conferences and workshops on aging held both locally and out of City and County.
- 9) Participate in all phases of the SFCOA planning and grants management process including: a) Request for Proposal (RFP), b) review of proposals, c) advise on negotiations of the contract, d) review and recommend on the contract, and e) evaluation of contract performance.
- 10) Maintain a relationship with the statewide Commission on Aging.
- 11) Establish and maintain linkages which foster the development of a comprehensive and coordinated service system for the elderly.
- 12) Conduct all operational requirements necessary for meeting the above responsibilities including election of officers, developing of and maintaining current bylaws, etc.

The Advisory Council meets the third Wednesday of each month. The secretary of the Commission on Aging attends each meeting to record minutes. Other Commission on Aging staff are utilized dependent upon the agenda items. Minutes of each meeting are recorded, duplicated, and distributed by Commission on Aging staff.

1870-1871

1872-1873

1874-1875

1876-1877

1878-1879

1880-1881

1882-1883

1884-1885

1886-1887

1888-1889

1890-1891

1892-1893

1894-1895

1896-1897

CHAPTER 1600 .

An act to amend Sections 1588, 1588.2, 1588.5, and 1588.7 of, to amend, repeal, and add Section 1572 of, to add Section 1589.5 to, to add Chapter 3.3 (commencing with Section 1568.10) to Division 2 of, the Health and Safety Code, and to amend Section 9201 of, to add Sections 9315 and 9317 to, and to add and repeal Section 9316 of, the Welfare and Institutions Code, relating to aging, making an appropriation therefor, and declaring the urgency thereof, to take effect immediately.

SB 1337, Mello.

SEC. 19. Section 9315 is added to the Welfare and Institutions Code, to read:

9315. (a) The department shall implement by July 1, 1985, a new intrastate funding formula in accordance with all federal regulations. This formula shall apply to all federal and state funds allocated for programs provided for under Title III of the Federal Older Americans Act (42 U.S.C. Sec. 3021, et seq.).

The intrastate funding formula shall include all of the following:

(1) Assurances that all area agencies on aging shall have a fifty thousand dollar (\$50,000) administrative base with the remainder of the allowable administrative dollars allocated to planning and service area on the basis of number of persons over the age of 60 years.

Area agencies on aging shall use no state funds for administrative purposes.

(2) Where data is available, an annual adjustment for changes in population characteristics to include the number of persons per planning and service area over the age of 60 years and persons in greatest economic or social need as measured by all of the following variables:

- (A) Number of persons over the age of 65 years receiving aid under the State Supplementary Program, provided for under Chapter 3 (commencing with Section 12000) of Part 3 of Division 9.
- (B) Number of persons over the age of 75 years.
- (C) Number of minority elderly over the age of 60 years.
- (D) Number of persons over the age of 60 years living alone.

(E) Number of non-English speaking persons over the age of 60 years.

The weight given to each variable shall simulate the weighting used in the Washington State intrastate funding formula adjusting for the geographic factor.

(3) A rural factor which guarantees a 105 percent allocation to rural planning and service areas.

(4) A hold-harmless factor which guarantees that no planning and service area shall have its federal and state allocation of funds under Title III of the Federal Older Americans Act (42 U.S.C. Sec. 3021, et seq.), excluding area agency on aging administrative costs and funds carried over from the 1983-84 fiscal year, reduced below the 1984-85 fiscal year funding levels.

(b) In the event that additional federal or state funds, in excess of those appropriated under the 1984-85 Budget Act, excluding those referenced in subdivision (d), or subsequent Budget Acts are made available for services, these funds shall be used to maintain existing service levels, with the remainder to be distributed to those planning and service areas which have been determined by the department to be underequity until parity is achieved.

(c) The distribution of one-time-only funds shall not be according to the intrastate funding formula.

(d) The department shall develop, in conjunction with the commission, a methodology for the redistribution of one-time-only funds utilizing the request for proposal process, which addresses one of the following priority areas:

- (1) The purchase of capital equipment which enhances the delivery of services to those seniors identified as being in greatest social or economic need as determined by the local planning process.
- (2) Innovative pilot projects which emphasize outreach efforts to increase the level of services to those intraplanning and service areas determined by the local planning process to be underserved.
- (3) Innovative pilot projects which encourage families to maintain their elderly members in the home environment.
- (4) Other innovative pilot projects which address those priority service areas as determined by the department in consultation with the commission.

(e) The department shall develop, in conjunction with the intrastate funding formula, a methodology for assuring compliance with the state targeting strategy on an intraplanning and service area basis. In developing this methodology the department shall provide assurances that as additional federal and state service dollars are allocated to the planning and service areas these dollars will be expended on those elderly persons identified as in greatest economic or social need.

SB 1379 (Alquist) CH 268 Stat of 1984

"SEC. 37.6 Section 9354 is added to the Welfare and Institutions Code, to read:

9354. (a) All planning and service areas shall use no more than 10 percent of their annual total baseline allocation received pursuant to Title III B (42 U.S.C. Sec. 303(d) for program development, advocacy, and coordination.

(b) Area Agencies on Aging shall not use state match funds for the purpose of program development, advocacy, and coordination.

(c) Program development activities are those activities which either establish a new service or improve, expand, or integrate existing services. These activities shall achieve a specific goal or objective and occur within a specific time frame.

(d) Of the allowable 10 percent available for program development, advocacy, and coordination activities, at least 20 percent shall be budgeted for advocacy activities by area agencies on aging advisory councils.

(e) All other activities not specifically budgeted as advocacy, but undertaken on behalf of advisory council operations, shall be charged to area plan administration and shall be subject to any limitation on the amount of funds which are allocated for administration of the area plan."

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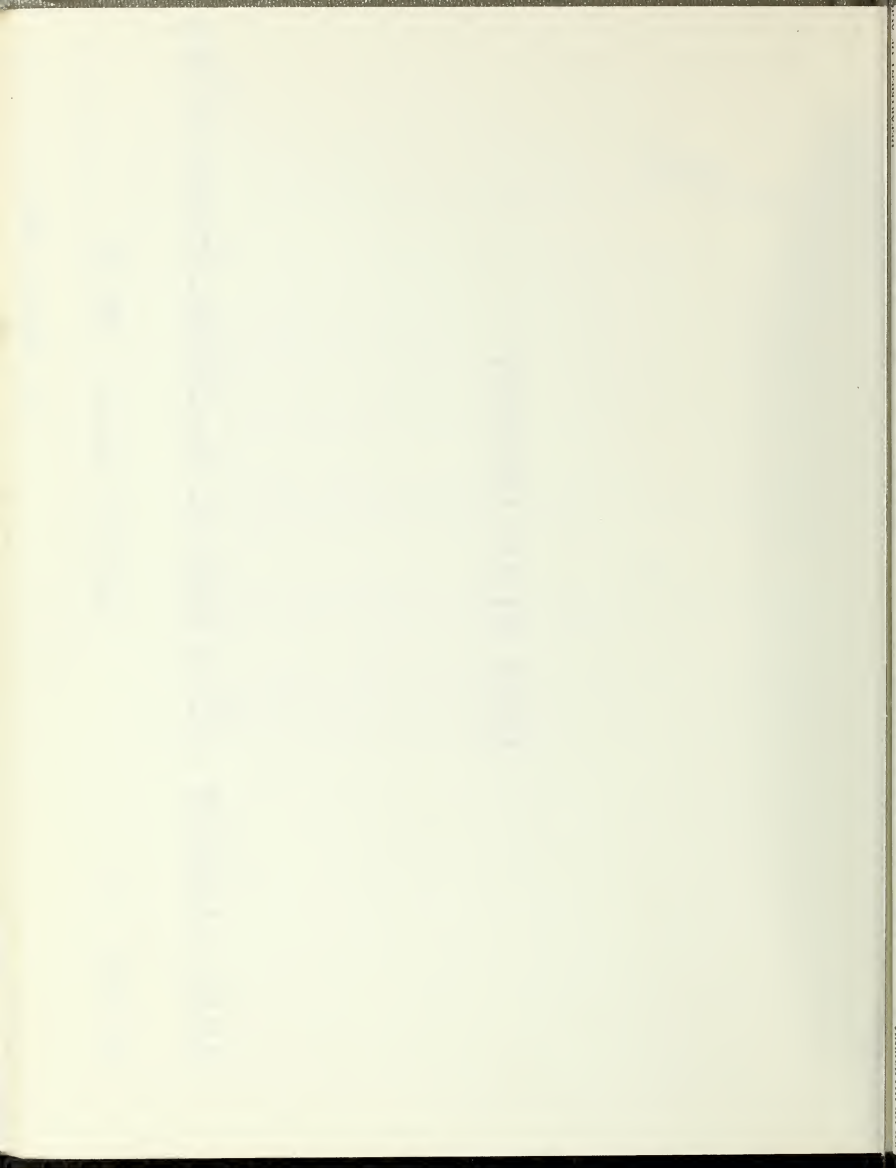
AREA PLAN BUDGET

AREA AGENCY City & County of San Francisco Commission on the Aging

PSA NO. 6

BUDGET PERIOD 1985-86

DATE Mar 6, 1985



AREA PLAN BUDGET

A 122 (1/85)

BUDGET SUMMARY

BUDGET PERIOD		ORIGINAL, BUDGET				REVISION NO.		DATE	
1985-86		TOTAL AMOUNT BUDGETED		TOTAL AMOUNT BUDGETED		SUPPORTIVE SERVICES		CONCUBATE MEALS (C-I)	
SECTION A COST CATEGORIES		(a) TOTAL AMOUNT BUDGETED		(c) AREA PLAN ADMIN		(d) AAA DIRECT		(e) CON-TRACTED	
1. PERSONNEL	(+)	742733	CASH IN-KIND	742733					
2. STAFF TRAVEL	(+)	3500	CASH IN-KIND	3500					
3. STAFF TRAINING	(+)	198	CASH IN-KIND	198					
4. EQUIPMENT	(+)	-0-	CASH IN-KIND						
5. CONSULTANTS	(+)	-0-	CASH IN-KIND						
6. FOOD COSTS	(+)	-0-	CASH IN-KIND						
7. OTHER COSTS	(+)	155454	CASH IN-KIND	155454					
8. DIRECT AREA AGENCY COSTS	(-)	901885	CASH IN-KIND	901885					
9. INDIRECT COST OR CHANTEE ALLOCATED COSTS	(+)	-0-	CASH IN-KIND						
10. TOTAL AREA AGENCY COSTS	(-)	901885	CASH IN-KIND	901885					
11. COST OF CONTRACTED SERVICES	(+)	9053220	CASH IN-KIND	9053220					
12. TOTAL AREA PLAN COSTS	(-)	9955105	CASH IN-KIND	9955105					

PSA NO.

6

May 6, 1985

DATE

(c) HOME DELIV MEALS (C-I)

(d) AAA DIRECT

(e) CON-TRACTED

(f) CON-TRACTED

(g) CON-TRACTED

(h) CON-TRACTED

(i) CON-TRACTED

(j) CON-TRACTED

(k) CON-TRACTED

(l) CON-TRACTED

(m) CON-TRACTED

(n) CON-TRACTED

(o) CON-TRACTED

(p) CON-TRACTED

(q) CON-TRACTED

(r) CON-TRACTED

(s) CON-TRACTED

(t) CON-TRACTED

(u) CON-TRACTED

(v) CON-TRACTED

(w) CON-TRACTED

(x) CON-TRACTED

(y) CON-TRACTED

(z) CON-TRACTED

(aa) CON-TRACTED

(ab) CON-TRACTED

(ac) CON-TRACTED

(ad) CON-TRACTED

(ae) CON-TRACTED

(af) CON-TRACTED

(ag) CON-TRACTED

(ah) CON-TRACTED

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MATCHING REQUIREMENTS AND TRANSFER

PSA NO. 6

BUDGET PERIOD

☒ ORIGINAL BUDGET

☐ REVISION NUMBER

DATE May 6, 1981

SECTION C

MATCHING REQUIREMENTS

ITEM	ADMIN.	OTHER	TOTAL
COSTS TO BE MATCHED LN12			
* P1-LN 14 THRU 18 P2	901885	9053220	9955105
* MINIMUM MATCHING PERCENTAGES	25%	10%	
* MINIMUM MATCHING CONTRIB. (LN 24 X LN 23)	225471	905322	1130793
* REQUIRED LOCAL PUBLIC AGENCIES MATCHING CONTRIB. EQUALS 25% OF TOTAL ON LN 24			282698

SECTION D

CAL PUBLIC AGENCIES MATCHING CONTRIBUTIONS

SOURCE	CASH	IN-KIND	TOTAL
ST Parking Tax	5056168		5056168
TOTAL (INSTR - LN 26)	5056168		5056168

SECTION E

SEA PLAN ADMINISTRATION - MATCHING CONTRIBUTIONS

SOURCE	CASH	IN-KIND	TOTAL
SF General Fund	309000		309000
SF Parking Tax	601885		601885
TOTAL (AT LEAST - LN 26)	910885		901885

SECTION F

TRANSFER OF FUNDS - USDA ADJUSTMENTS

FUND	CURRENT NGA	INCREASE	DECREASE	NEW ALLOTMENT
30. III - D	860831			860831
31. III C-1	1162438	187523		1350461
32. III C-2	255945			255945
33. CONG. NUTR	156327			156327
34. II-D NUTR	251680			251680
35. III D ADMIN	-0-			-0-
36. III C-1 ADM	187523		187523	-0-
37. III C-2 ADM	-0-			-0-
38. TOTAL	2875244	187523	187523	2876244
39. USDA	956901			956901

SECTION G

JUSTIFICATION FOR FUND TRANSFERS

PSA 6 would rather use federal dollars to fund direct services.

BUDGET SUMMARY

PSA NO.
6

FISCAL YEAR

1985-86

DATE May 6, 1985

REVISION NO.

ORIGINAL BUDGET

SECTION

B

FUNDING SOURCES

(A)	TOTAL AMOUNT BUDGETED	ORIGINAL BUDGET		(C) AREA ADMIN.	SUPPORTIVE SERVICES		(F) CONGREGATE MEALS (C-1)	(G) HOME-DELIVERED MEALS (C-1)
		CASH	IN-KIND		(D) CASH	(E) CONTRACTED		
GRANT RELATED INCOME	0	CASH	CASH	0	0	0	0	0
USDA CASH REIMBURSEMENT	936,901	CASH	CASH	936,901			687,567	269,334
USDA COMMODITIES		CASH	IN-KIND					
GENERAL FUND		CASH	IN-KIND					
A. OMNIBUS	37042	CASH	CASH	37042				
B. CONGREGATE NUTRITION	156,327	CASH	CASH	156,327				
C. HOME-DELIVERED	251,680	CASH	CASH	251,680				
NON-MATCHING CONTRIBUTIONS		CASH	IN-KIND					
MATCHING CONTRIBUTIONS	598,053	CASH	IN-KIND	598,053				
STATE SHARE (MATCH)	127,865	CASH	CASH	127,865				
FEDERAL SHARE	246,723	CASH	CASH	246,723				
TOTAL FUNDING	995,105	CASH	IN-KIND	995,105				
23. TOTAL CASH AND IN-KIND				901,885			187,406	566,520
							72,025	12,788
							130,461	255,745
							414,042	135,277
								135,277

I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THIS AREA PLAN BUDGET REFLECTS THE NECESSARY, REASONABLE, AND ALLOWABLE COSTS TO OBTAIN THE OBJECTIVES AND GOALS EXPRESSED IN THE AREA PLAN. I FURTHER CERTIFY THAT THIS BUDGET WAS REVIEWED BY THE ADVISORY COUNCIL AND APPROVED BY THE BOARD OF DIRECTORS, THAT THE BUDGET WAS AVAILABLE FOR REVIEW BY ALL INTERESTED PARTIES AND THAT THE AMOUNTS DISPLAYED ARE ACCURATE AND CORRECT INCLUDING SUPPORTING SCHEDULES.

OFFICE OF AREA AGENCY DIRECTOR

Joyce Ream

PRINTED NAME

Joyce Ream

DATE

May 6, 1985

FISCAL ANALYST

DATE

FISCAL ANALYST

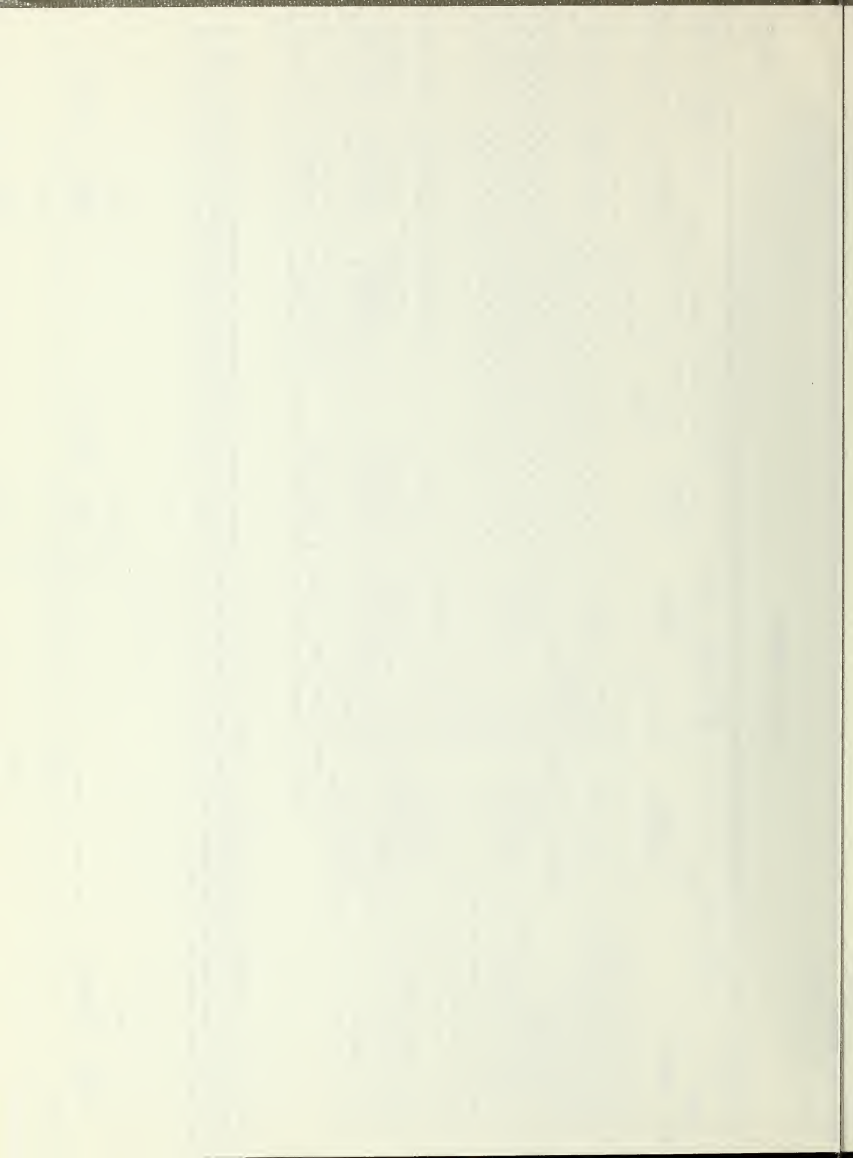
DATE

FISCAL MANAGER

DATE

FISCAL MANAGER

DATE



1 of 2

SCHEDULE OF PERSONNEL ADMINISTRATION AND DIRECT SUPPORTIVE SERVICES

USA NO. 2

FF PERIOD

1985-86

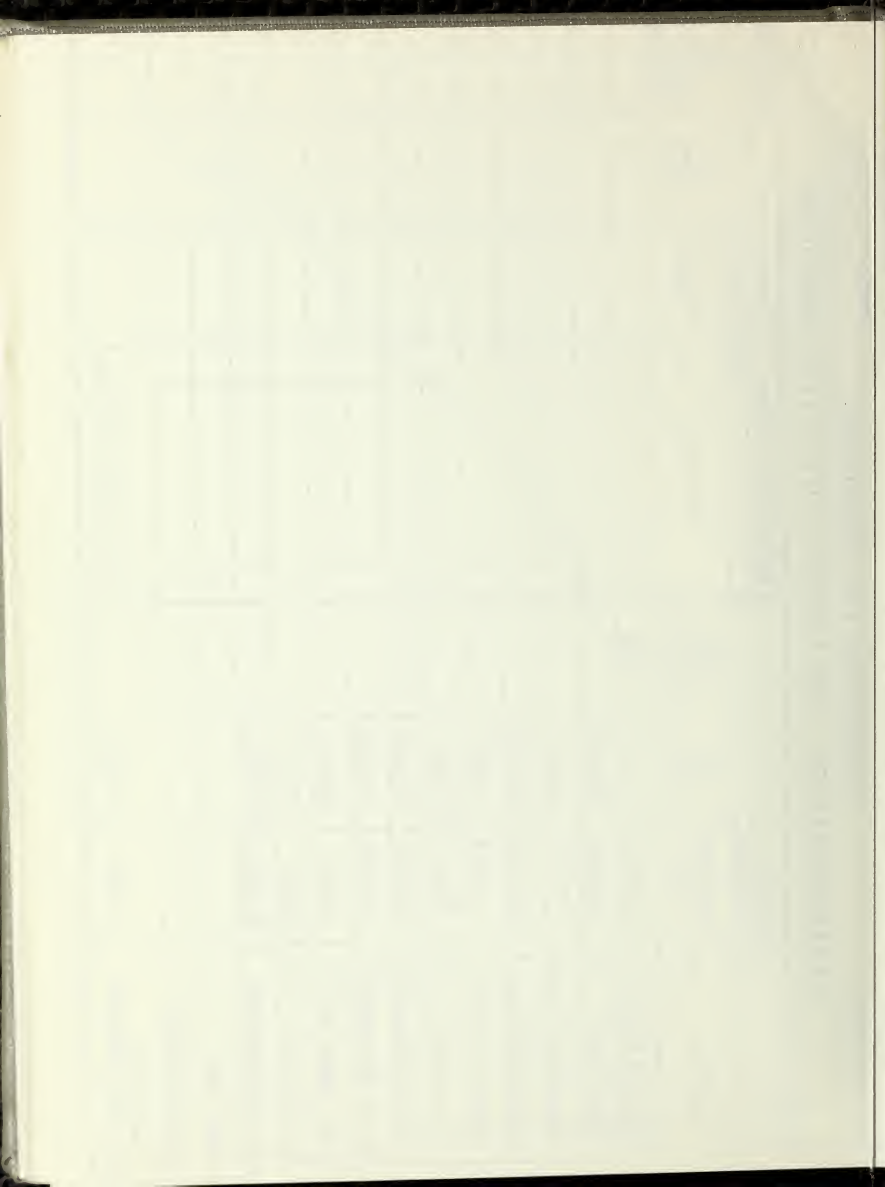
ORIGINAL BUDGET ☒ REVISION NO. _____

DATE May 6, 1986

PAID PERSONNEL

IN-KIND PERSONNEL

POSITIONS	NO.	BUDGETED COSTS	AREA PLAN ADMIN	AAA DIRECT SUPPORTIVE SERVICES	POSITIONS	NO.	BUDGETED COSTS	AREA PLAN ADMIN	AAA DIRECT SUPPORTIVE SERVICES
Principal Clerk	1	22940	22940	N/A					
Clerk Typist	2	36438	36438						
Senior Clerk Typist	2	39129	20958						
Secretary ^{TO DE} Commissioner	1	28266	28266						
Account Clerk	1	17949	17949						
Accountant	2	42086	42086						
Senior Accountant	1	29362	29362						
Head Accountant	1	37283	37283						
Sen. Mgmt Asst	1	36566	36566						
Nutritionist	1	27441	27441						
TOTAL SALARIES/WAGES		317460	317460						
AVIOLL TAXES									
EMPLOYEE BENEFITS									
Sub Total		317460	317460						
TOTAL PAID PERSONNEL									
					TOTAL IN-KIND PERSONNEL				



4 SCHEDULE OF PERSONNEL
ADMINISTRATION AND DIRECT SUPPORTIVE SERVICES
2 of 2

USA No.

CONCLUSIONS

1985-86

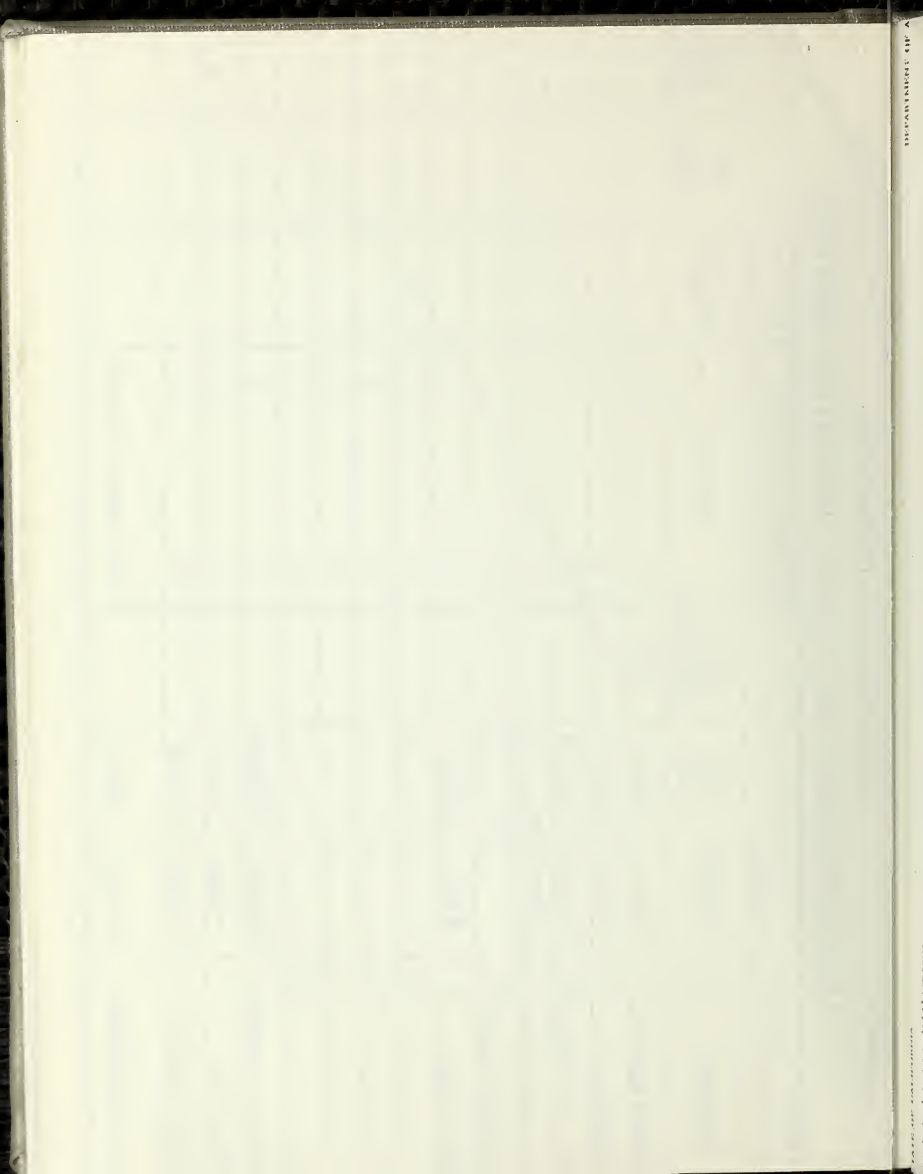
☒ ORIGINAL BUDGET ☐ REVISION NO. _____

☐ REVISION NO.

May 6/1988
DATE

6/1985
DATE

PAID PERSONNEL					IN-KIND PERSONNEL				
POSITIONS	NO.	BUDGETED COSTS	AREA PLAN ADMIN	AAA DIRECT SUPPORTIVE SERVICES	POSITIONS	NO.	BUDGETED COSTS	AREA PLAN ADMIN	AAA DIRECT SUPPORTIVE SERVICES
Deputy Director	1	44362	44362	N/A					
Director	1	54915	54915						
Specialist in Training II	6	204629	204629						
Mandated Salary Survey	8	2301017	2301017						
Advisory Council's									
Commissioners		8700	8700						
TOTAL SALARIES/WAGES		599957	599957						
VOLUNTARY TAXES		41398	41398						
EMPLOYEE BENEFITS		101378	101378						
TOTAL PAID PERSONNEL		742733	742733		TOTAL IN-KIND PERSONNEL				



SCHEDULE OF SUPPORTIVE SERVICES

BUDGET PERIOD	1985-86	ORIGINAL BUDGET	REVISION NO.	DATE	MAY 6, 1985	(J) FEDERAL SHARE				
PROGRAMS	(A) UNITS OF SERVICE	(B) TOTAL BUDGETED COSTS	(C) GRANT RELATED INCOME	NON-MATCHING CONTRIBUTIONS (D) CASH	E) IN-KIND	(F) CASH	(G) IN-KIND	(H) GENERAL FUNDS (OMBUDG)	(I) STATE MATCH	(J)
PART I										
AA. DIRECT SERVICES										
TOTAL PROGRAMS	N/A									
PROGRAM DEV.										
ADVOCACY										
COORDINATION										
TOTAL PDAC										
TOTAL DIRECT SERVICES										
PART II										
CONTRACTED SERVICES										
INFO AND REFERRAL *		129723						129723		29985
ONDISMISSAL		6695								
CASE MANAGEMENT		218712						218712		
HOUSING		104308						104308		
SECURITY/CRIME		126094						126094		
IN-HOME SERVICES *		157156						80486		7067
HEALTH SERVICES		122970						122970		
MENTAL HEALTH		51032						51032		
TRANSPORTATION *		324141						8571		31557
COMMUNITY SERVICES		1557274						1514232		44463
LEGAL SERVICES *		444638								
EMPLOYMENT										
CONSUMER SERVICES		259274						259274		
TOTAL PROGRAMS		3556517						2615602		86082
SENIOR CENTERS										
JOIST/ALTE/RENOV								37042		43042
TOTAL								37042		86083
CONTRACTED SERVICES		3556517						2615602		

^k DENOTES NATIONAL PRIORITY SERVICES

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AREA PLAN ANNUAL REPORT

AND

OPERATIONAL PLAN UPDATE FOR FY 1986-87

SAN FRANCISCO COMMISSION ON THE AGING

TABLE OF CONTENTS

Letter of Transmittal

Signature of Commission Chairperson

Signature of Executive Director

Signature of Chairperson of Advisory Council

Annual Report

Major Annual Objectives Achieved in FY 1985-86

Major Annual Objectives Not Achieved in FY 1985-86

Summary of Significant Changes in Local Services,
Program Priorities or Policies

Long Term Care/Case Management

Targeting Strategy

Statements on Progress Toward Achieving
Targeting Strategy

Elder Abuse

Supportive Services of Elderly Victims of
Alzheimer's Disease

Achievements of One-Time-Only Funded Projects

Report on Technical Assistance Plan Results

Operational Plan Update for FY 1986-87

Grant Allocation Plan

Commission Listing

Advisory Council

Advisory Council Organization

Area Agency on Aging Organization Chart

LETTER OF TRANSMITTAL

The area plan on aging for PSA #6 for the period 1985-88 is hereby submitted to the California Department of Aging (CDA) for approval.

The nature and scope of activities identified in this plan and the methods used for its development are in accordance with the Older Americans Act of 1965, as amended, the Older California Act of 1980, as well as implementing rules, regulations, policies and procedures developed by the Administration on Aging (AoA), and the State Legislature.

The Commission on Aging hereby acknowledges that it assumes full authority for implementation of the activities specified herein. The Commission on Aging will request from California Department of Aging significant changes to identified programs, policies, or fiscal levels.

Date

Commission Chairperson

Date

Commission on Aging Director

The Agency Advisory Council has had the opportunity to participate in the planning process, to review, and comment on the Area Plan on Aging.

Date

Chairperson, Advisory Council

SAN FRANCISCO COA ANNUAL REPORT

MAJOR ANNUAL OBJECTIVES ACHIEVED IN FY 1985-86

1) Reorganization of the Commission on Aging

An on-going objective for the Commission has been to continue to refine and develop the staffing structure of the Department. Using FY 1982-83 as a baseline, the Commission's total budget for which it assumes fiscal responsibility, including contracts has increased from \$10,380,046.00 to \$14,686,064.00 or an increase in percentage of 41%.

During this same period, the Commission has decreased the number of staff to the Commission from 28 to 20 full time budgeted positions.

More efficient utilization of staff, and increased training both in Wang word processing and the Apple II-E provided by the California Department of Aging have provided significant efficiencies in the operation of the Department.

2) Program Monitoring

Continued refinement of monitoring procedures have included the development by the Fiscal Department of a Checklist For Internal Controls for contracting agencies, Fiscal Assessments of all agencies under contract, nutrition assessments of all Nutrition Contracts, and the ongoing program evaluations by program analysts.

Procedures were also developed during FY 1985-86 for the orderly processing of the Garamendi Senior Center Bond Act Applications, and for the Commission's recommendations to the State.

The Standards for Program Evaluation and the Baseline Assessment have been revised with comment from those agencies under contract.

3) Program Enhancement

A number of additional modifications have been incorporated into contract procedures to enhance the quality of programming under contract to the Commission on the Aging.

4) Inter Agency Contracts

Following the successful establishment of inter-agency contracts with the Department of Public Health (I & R), and the Public Utilities Commission (Transportation), the Commission in 1985-86 accepted interdepartmental work orders from the Department of Social Services and the Recreation and Parks Department to consolidate contracts where we would otherwise be co-funding the same agency. This has resulted in considerable simplification of reporting requirements from the contracting agencies and more consistent program direction.

5) Nutrition Contracts

Nutrition contracts in 1985-86 started meeting monthly the COA Nutritionist and Director, to explore areas of common concern. Using the California MIS reports as a base, significant reductions were achieved by agencies in wastage due to meals prepared but not served. Tighter forecasting of meals and improved inventory controls have also evolved as a result of the monthly meetings.

The nutrition providers have developed an on-going task force to explore bulk purchasing, and have developed a Request For Proposal for Phase I, the purchase of paper supplies. Nutrition providers have also been active in the Mayor's Task Force on Food and Hunger, and contributed a number of concrete recommendations that were incorporated into the Plan of Action that body has developed for the FY 1986-87.

6) Commission on the Aging - Long Range Planning

The Commission has devoted time in several public meetings over the past year to the consideration of a Long Range Planning process. The Advisory Council has appointed a sub-committee to work with Commission staff and representatives of the Coalition of Agencies Serving the Elderly, United Way and other interested community groups are also involved in the planning. Timelines have been developed, and the focus of such a planning effort will be a major objective for 1985-86.

7) Inter Agency Task Force

The major new objective of the Commission on the Aging

in FY 1985-86 has been the development of an Inter-Agency Task Force. Commissioners and Department heads from the Departments of Public Health, Commission on the Aging and Department of Social Service have been meeting on a monthly basis since January, 1986; and more recently, the San Francisco Housing Authority has joined the Inter-Agency Task Force as well.

The first objective of the Task Force has been to focus on Long Term Care. The respective Commissions directed staff to apply for SEED designation as a Consortium, with the San Francisco Commission on the Aging acting as the Lead Agency. A number of meetings with community based agencies have been held developing a description of the services that exist in San Francisco and establishing a working Advisory Group to continue to provide input into the SEED process.

The Inter-Agency Task Force has developed these other objectives:

- o to try to develop a common data base useful to all three departments;
- o to review State and Federal legislation in the light of its impact on all these departments;
- o where appropriate, to apply for State and foundation funding as a consortium of the three departments.

MAJOR ANNUAL OBJECTIVES NOT ACHIEVED IN FY 1985-86

The major annual objectives outlined for FY 1985-86 were achieved.

SUMMARY OF SIGNIFICANT CHANGES IN LOCAL SERVICES, PROGRAM PRIORITIES OR POLICIES

The Commission has developed four major areas of concern for the following two fiscal years. For your quick review, they are listed below in capsule form and then on following pages in elaboration.

- I. To insure the continuation of essential public services to the elderly of San Francisco.
- II. To make hard choices as to priorities for the elderly in cooperation with other public and private programs so that the maximum result can be achieved within a context of increasingly limited resources.

Operation Plan Update
for FY 1986-87

- III. To develop the Commission's small staff to greater efficiency in grants administration through increased sophistication in technology and training.
- IV. The potential for San Francisco to serve as a national model for delivery of services to the elderly should be specifically addressed.

In an era of limited resources, hard choices will need to be made as to the priorities of the Commission. These choices cannot be made in isolation, but need to be viewed in the context of other public and private programs for the elderly in San Francisco.

- A. Increased planning with other public agencies is a priority. The COA, the Department of Social Services and the Department of Public Health are meeting monthly to design a better system of service delivery for in-home supportive services. Currently it is fragmented, with each of the three departments funding in a sometimes duplicative pattern.
- B. Increased planning with United Way, foundations and corporate giving programs will need to be a focus of effort in the next two years. Planning sessions with United Way, with Koret Foundation and with the Chevron corporate giving programs are already underway. As public dollars become more limited, we need both to inform and to learn from other funding sources.
- C. Increased planning with service providers as to the use of existing COA grant monies will need to be a major priority. Consolidation of services, where practical, will need to be addressed and cost efficiencies in such areas as bulk purchasing will need to be a major priority.

The Commission on Aging needs to leverage its small staff to greater efficiency in grants administration through increased sophistication in technology and in training.

- A. The development of a common data base with the Department of Public Health and Department of Social Services for purposes of planning and evaluation is crucial.
- B. The increased ability to plan alternative strategies for service delivery is directly linked to the ability to use data in an analytical manner, with computer capability.

- C. Shifting of key personnel for short periods of time within the Human Services departments could lead to specific hands-on training in grants administration that could prove highly beneficial to all departments.

The potential for San Francisco to serve as a national model for the delivery of services to the elderly needs to be specifically addressed. We are currently in a period where human services delivery is deliberately being shifted from the Federal government to State, local and private resources. This may not prove to be a permanent shift in the allocation of resources, but is a certainty for the next two years. San Francisco has the potential to provide a national model of comprehensive services for the elderly.

Structurally, we are both a City and County with an Area Agency on Aging co-terminous with both. This is a major advantage in program planning and administration.

We are also resource rich in San Francisco, with major academic institutions, hospitals, corporate and foundation headquarters all located in the City. Note the following:

A. Community Agencies:

The Aging Health Policy Center - UCSF is currently examining Medicare policies and their impact on forty local communities in the U.S. - of which San Francisco is one.

Mt. Zion Hospital - currently fund raising for an Institute on Aging, for basic research and training of gerontologists. Mt. Zion has a MSSP program - Multi Service Seniors Program, funded by the State. A Linkages program to provide case management for two hundred seniors directly funded by the California Department of Aging.

CASE - The Coalition of Agencies Serving the Elderly, a well-organized group of service providers involved in a variety of planning task forces.

United Way - Services for the elderly has been defined as a special need by the Bay Area United Way.

Adult Day Health Centers - San Francisco has seven Adult Day Health Centers that have developed umbrella proposals for foundation funding under the leadership of Adele Corvin and the Adult Day Health Task Force.

Foundation and Corporate Support - Support has been realized for a number of programs serving the elderly from Koret Foundation, Hancock, Chevron, etc.

B. Public Agencies:

The Commission on Aging, the Department of Social Services, the Department of Public Health, the Mayor's office of Community Development, the Housing Authority, Police Department and Park and Recreation Department all provide significant funding for senior services.

Although progress has been made, the need for closer coordination and joint planning remains a major priority for the Commission on Aging.

These priority areas are the major tasks for the Commission on Aging for the next two years.

Long Term Care/Case Management

The SFCOA has identified approximately 15 service providers which have Case Management components for the elderly, including the City Departments of Public Health and Community Mental Health. Case Management services are available city-wide, with bilingual capabilities in Spanish, Chinese, Russian, Yiddish, and French. Each service provider has its own unique eligibility requirements, service modalities, and service areas.

In addition to the aforementioned service providers, Case Management services are available to functionally impaired individuals persons over 18 years of age through the Linkages program, Golden Gate Regional Center, the Aids Foundation, and Departments of Social Services and Public Health.

Through efforts associated with the SEED Project, the SFCOA has contacted all of the agencies providing Case Management services and will be working towards the development of a common intake instrument to be utilized by respective providers.

2. Targeting Strategy

Goal: To insure the continuation of essential public services to the elderly of San Francisco with particular emphasis on the frail and minority seniors. This targeting focus is also shared by the Federal Administration on Aging and the State Commission on Aging.

The San Francisco Commission on the Aging has made consistent efforts to target programs per Federal initiatives to low-income and ethnic minorities. The single greatest barrier to our continuation of this effort will be (if the "unofficial" Administration on Aging position paper is correct) if eligibility on age is increased from ages 60 to 70. The analysis (see Addendum A) of our nutrition programs holds true for other programs as well. Should the Older American's Act eligibility standards be revised upward as to age, it will seriously affect our ability to serve minority elderly and low-income elderly.

The San Francisco Commission on the Aging has used the California MIS as a planning and assessment tool in reviewing contracts as they relate to targeting strategies.

3. Statements on Progress Toward Achieving Targeting Strategy

A. The Frail Elderly:

The frail elderly will be major users of COA services in that their numbers will increase (see Addendum), and their needs for services will increase in the next two years.

B. Minority Seniors:

Minority seniors whose access to services are hindered by language and ethnic barriers will need, in the future as they have in the past, specific services designed to help them remain independent. Services such as case management, translation services, and legal services will need to be carefully and sensitively designed to meet the special needs of a number of seniors who would otherwise be adrift in the system.

Targeting Strategies: Minority and Low Income Seniors

The Commission on Aging has developed a series of strategies with reference to targeting services to minorities and low-income elderly. The focus has been on demonstrated outcome; that is, the number of minority and low income seniors who are served.

California management information statistics are used as a management tool in this endeavor, in that we track minority participation in all program categories. Thirty percent of the elderly population of San Francisco is minority. By program area, minority participation in senior programs is as follows:

<u>Programs</u>	<u>% Minority Participants</u>
Congregate Nutrition	60%
Home-Delivered Meals	27%
Information and Referral	N/A
Ombudsman	29%
Case Management	46%
Housing	76%
Security/Crime	61%
In Home Services	65%
Health Services	28%
Mental Health Services	11%
Transportation	74%
Community Services	52%
Legal Services	60%
Consumer Services	55%

These statistics are not the result of a single policy or policies, but rather the result of a series of specific practices designed to ensure the broadest possible participation in Older Americans Act Services.

The September 22nd Memorandum from the Administration on Aging analyzed a series of initiatives that were undertaken by State units and Area Agencies on Aging and we have recently reviewed our process against these activities in terms of what we found most useful.

1) Strategies to Carry Out Training and Information Dissemination.

The most innovative and useful training in 1985 was carried out, not by the Commission on Aging, but one of the service providers. Under the aegis of Self-Help for the Elderly. A one day conference was held this year to help service providers understand the cultural differences and

similarities among Asian groups. The Chinese, Japanese, Korean, Vietnamese and Filipino cultures were highlighted, and the conference was later published as a paper.

Information Dissemination

The Senior Health Promotion Information and Referral program has printed a number of publications in languages other than English, notably Age Pages in Chinese and Spanish. The I & R program also has multi-lingual capability in four languages represented on staff.

The three legal service programs under contract to COA also have developed printed materials in a variety of languages, and many senior centers provide monthly calendars and newsletters in two or more languages.

Strategies to Carry Out Area Agency Monitoring Activities.

As mentioned above, the review of participant use of senior services in terms of minority participation is part of the on-going assessment by the COA.

Data Analysis Activities

As well as the Management Information System, a frequently used tool of the COA is demographic analysis, both with future trends and projections as well as census data showing where minority groups are clustered geographically. With separate maps showing population clusters of all major ethnic groups in San Francisco, we review proposed site locations and proposed services in terms of the service area, in order to more equitably allocate program activities.

Outreach Activities

In the summary report of the Federal Administration on Aging a variety of outreach methods were described. The COA has not assigned formal staff liaisons to minority communities. Rather, it is regarded as "cost of doing business" for all staff to become involved with and knowledgeable of the minority communities of San Francisco.

Specifically, it is the responsibility of the Director of the Commission to meet throughout the year both formally and informally with leaders in the minority community, to develop lines of communication and to incorporate this information in program development, advocacy and coordination.

Advocacy Strategies

The Commission has a Legislative Committee, composed of Commissioners, Advisory Council Members, Members of the California Senior Legislature and interested public. The Committee regularly reviews legislation and recommends action to the Commission and through the Commission to the City and County. The impact of proposed legislation on minority groups is thoroughly reviewed.

Specific Programming

- o The San Francisco Commission on Aging has developed the capability of providing ethnic meals, both in congregate and home-delivered meal programs.
- o The two In Home Supportive Services programs funded by the Commission are staffed with bi-lingual personnel, and one targeted to the Asian and Hispanic communities.
- o San Francisco Commission on Aging funds three legal services programs. Asian Law Caucus, Legal Assistance to the Elderly and Mission Community Legal Defense, providing extensive multi-lingual capability in representing the non English speaking senior.

Collectively, these on-going activities of the Commission from a pragmatic, experience-based process for targeting.

4. Elder Abuse

In response to the growing national concern over the abuse of the elderly, the San Francisco Coalition of Agencies Serving the Elderly (CASE) assigned a task force in early 1982 to assess the problem locally. CASE is a membership organization of over 100 agencies and individuals which was established as a forum for discussing problems and issues related to serving elderly clients. Among the goals which were established for the task force were:

- a) to develop assessment procedures for determining the actual incidence of elder abuse in San Francisco;
- b) to develop protocols for a professional response to elders who are being abused and/or neglected;
- c) to develop a training program for professionals;
- d) to develop a means of providing information and support to victims and third parties by both trained professionals and professionally supervised volunteers;
- e) to develop effective ways of using existing professional, lay and religious resources to alleviate the problem.

A major accomplishment of the task force was the development of a model defining a cooperative, multi-agency approach to serving victims and third parties. The decision to design and implement a consortium model was based on a number of factors which reflect San Francisco's service profile and history.

Today, the San Francisco Consortium for Elder Abuse Prevention has developed a formal service delivery structure, including the defined roles and responsibilities of various program components, a network of 50 member agencies (both public and private), a steering committee, a multidisciplinary team, and a coordinating agency. The CEAP goals and objectives include outreach, training, coordination and advocacy.

CEAP services include: Legal Services, Case Management, Shelter Facilities, Respite Care, Counseling, Money Management Services, Adult Protective Services, District Attorney Offices, Police, Mental Health Services, Ombudsman Programs, and the General Service Community, including medical and health practitioners, those working in senior centers, congregate meal sites, IHSS workers, paramedics, senior companions and friendly visitors, and ADHC, ASDC, and ADCRC centers.

The SFCOA will be working closely with the CEAP to determine the extent to which the need for appropriate services for abused elders is unmet.

1. ALZHEIMER'S SERVICES

There are two primary Alzheimer's day care centers which operate in San Francisco. Mt. Zion Hospital operates an Alzheimer's Adult Day Health Care program, partially funded by the Commission on Aging, on Monday, Wednesday and Friday, and operates two separate sessions per day. St. Mary's Adult Day Health Care Center operates full time Monday through Friday and accepts Alzheimer's clients and integrates them into the scheduled activities.

Other ADHC and ASDC centers and some senior centers accommodate participants in the beginning stages of the disease, but must refer them on when their level of care requires more supervision.

Several hospitals in the City maintain diagnostic centers for this disease. One of the most comprehensive is the Alzheimer's Clinic associated with the Langley Porter Institute at the University of California Medical Center.

Clients are medically assessed at this clinic and referred to other resources in the community such as the Family Survival Project, Alzheimer's and Related Disorders Association, UCSF's family support groups, day care centers or Community Mental Health.

Mt. Zion, in collaboration with the Family Survival Project, has also started a daytime support group. Respite care for the Alzheimer's clients is available during the group's meeting so care givers can participate free of worry.

The SFCOA will implement measurable objectives by contracting out for the delivery of Alzheimer's supportive services. The services are:

Program (10) Mental Health

Unduplicated Clients	36 seniors
(09) Education/Training	36 units
(11) Evaluation/Follow Up	1,428 units
(23) Referral	108 units
(29) Therapy	3,106 units
(32) Comprehensive Assessment	180 units

COA Funds	\$21,082
NonCOA Funds	\$35,255
TOTAL Funds	\$56,337

San Francisco Commission on Aging
Area Plan Update Information On One-Time-Only (OTO) Funds
Fiscal Year Ending June 30, 1986

1. What progress has been made to date and what actions are yet to be taken in order to complete the purposes for which the award was made?

The \$107,000 III-C1 (Congregate Nutrition) award has been allocated and encumbered for kitchen equipment needs. The \$6,000 III-B (Supportive Social Services) award has been allocated and encumbered for safety emergency preparedness equipment.

2. What kinds of activities are involved regarding:

- a. System development,
- b. Program development, advocacy and coordination, and
- c. Federal and State initiatives?

The OTO funds were used for system development and for Federal and State initiatives: Safety and emergency preparedness equipment were purchased for Commission on Aging (COA) agencies in order to comply with the California Department of Aging Policy Manual (section 100), and with our Emergency Preparedness Plan. The kitchen equipment will help COA agencies meet the goals in the Federal Nutrition Productivity Initiative.

3. What specific goals and objectives in the Area Plan are being or will be affected by these projects?

The OTO funds will enable COA agencies to comply with Federal, State and local regulations on safety and emergency preparedness. They will help COA nutrition contractors to provide more efficient and better nutrition services.

4. What and how many units of service will be provided by these funds?

These funds will not directly affect the units of service, but will improve the quality and efficiency of the services.

COA STAFF RECOMMENDATIONS : ALLOCATION OF ONE-TIME-ONLY FUNDS

One-Time-Only (OTO) Funds Reallocated From:

Laguna Honda Hospital	\$ 2,000
Microwave Pilot Project	7,000
Special Emergency Equipment Needs	<u>12,755</u>
Total	\$21,755

<u>OTO Funds Reallocated to Agencies</u>	<u>Amount</u>	<u>Total</u>
Church of the Advent		\$1,390
Base, replacement kitchen equipment (RKE)	\$1,000	
Additional equipment needs	390	
Filipino American Council		3,535
Base RKE	2,000	
Additional equipment needs	1,535	
Kimochi		10,774
Base RKE	2,000	
Additional equipment needs	643	
Group purchase of first aid kits	2,131	
Group purchase of safety disaster preparedness equipment, IIIB award	6,000	
Laguna Honda Hospital	-0-	-0-
Los Mayores		4,833
Base RKE	2,000	
Kitchen equipment	2,300	
Additional equipment needs	533	
Native American Indian Center		4,122
Base RKE	2,000	
Kitchen equipment	2,122	
Western Additional Senior Center		5,015
Base RKE	2,000	
Additional equipment needs	3,015	
Russian American Community Services		7,941
Base RKE	2,000	
Additional equipment needs	5,941	

Operation Plan Update
for FY 1986-87

Salvation Army		29,731
Base RKE	2,000	
Kitchen equipment	27,731	
San Francisco Council of Churches		17,269
Base KRE	2,000	
Kitchen equipment	10,000	
Additional equipment needs	5,269	
San Francisco Home Health		12,835
Base RKE	2,000	
Kitchen equipment	10,660	
Additional equipment needs	175	
Self Help for the Elderly		4,337
Base RKE	2,000	
Kitchen	900	
Additional equipment needs	1,437	
Services for Seniors		6,557
Base RKE	2,000	
Kitchen equipment	4,557	
United Jewish Community Center		4,661
Base RKE	2,000	
Kitchen equipment	1,975	
Additional equipment needs	686	
	TOTAL	\$113,000

Operation Plan Update
for FY 1986-87

DETAILS OF ADDITIONAL EQUIPMENT NEEDS (OTO FUNDS)

Agency	Amount	Total
Church of Advent		\$ 390
Repair 2 stoves' pilot light	\$ 390	
Filipino American Council		1,535
Plumbing & electrical work to install dishwasher	700	
Refrigerator w/freezer, 17 cu.	489	
Delivery cost	20	
Flatware	75	
3 flatware holders, @ \$6.25	19	
2 dishwasher flatware tray, @ \$18	36	
Serving utensils & storage containers	24	
Tax on items	172	
Kimochi		2,774
Refrigerator w/freezer, Korean site	489	
Delivery(\$20) & tax	52	
Heating units	102	
Group purchase of first aid kits	2,131	
Los Mayores		533
96 dinner plates	208	
12 qt.stockpot	100	
25# scale	50	
20 vinyl table cloths	100	
Portion control utensils	42	
Tax	33	
Western Addition Senior Center		3,015
3 refrigerator w/freezer for Booker T., Pride & Lgt Hs @ \$541 (w/tx & del.)	1,623	
5 serving carts, @ \$125	625	
1 - 16 gal. stock pot, @ \$275	275	
Storage shelf post, 74", @ \$12.35	49	
4 storage shelves, 18"x60", @ \$42.70	171	
2 full sz pan, 4", @ \$25.70	51	
1 full sz pan, 6", \$40 each	40	
3 full sz pan covers, @ \$32	96	
Tax	85	

Operation Plan Update
for FY 1986-87

Russian American Community Services		5,941
1-40 qt. stock pots w/lid	108	
Rubber floor mats 4'3"x5'	174	
Covered storage containers	191	
Baking pans(Polarware)	323	
China, 15 doz. each: Cups, saucers, dinner, dessert & soup plates	1,353	
2 burner coffee maker	385	
Moving costs for freezer & stove @ 66.41/Hr.	133	
4 full sz pan covers @ \$32	128	
15 doz. heavy duty flatware	360	
20 qt. mixer w/dolly & attachments	1,995	
4 serving carts @ \$125	500	
Tax for some of the items	291	
San Francisco Council of Churches		5,269
Pressure steam cooker w/tax	2,769	
Electric work to install steam cooker	2,500	
San Francisco Home Health		175
Sneeze guard for steam table at OMI	175	
Self Help		1,437
Refrigerator w/freezer for Geen Mun, 17 cu.ft., w/tax & delivery	541	
3 electric fans w/tax	190	
4 coffee urns w/tax	440	
2 serving carts w/tax	266	
UJCC		686
2 serving carts	304	
3 cook's knives	100	
3 paring knives	42	
6-6" steam table pans	120	
1 wedgemaster	70	
3 cutting boards	50	
Total, C-1 Award to be re-allocated		\$21,755
Total, III-B Award allocated to Kimochi		<u>6,000</u>
GRAND TOTAL		\$27,755

5) Technical Assistance Plan Responses

The SFCOA responded to the Technical Assistance Plan in February, 1986, and has received no further communication from the Department of Aging.

Operation Plan Update
for FY 1986-87

COMMISSION ON THE AGING
CITY AND COUNTY OF SAN FRANCISCO
MANAGEMENT BY GOALS AND OBJECTIVES DETAILED PERFORMANCE REPORT
FOR FY 85/86

INFORMATION & REFERRAL:

To provide facts or knowledge in response to client request; referral of specific services; and followup with the client or organization to ensure that referrals are effectively completed.

OBJECTIVE MEASURE	ACTUAL PERFORMANCE AND TARGETS			
	85/86 Target	85/86 Achieved	Variance Percentage	86/87 Target
# Unduplicated Clients Served	18,000	19,892	+11%	18,000
# Clients Served: Evaluation & Followup	10,000	14,005	+40%	10,000

OMBUDSMAN:

To ensure the rights and entitlements of older persons in long term care facilities by investigating and resolving complaints and initiating corrective action where necessary.

OBJECTIVE MEASURE	ACTUAL PERFORMANCE AND TARGETS			
	85/86 Target	85/86 Achieved	Variance Percentage	86/87 Target
# Unduplicated Clients Served	1,225	1,224	0%	2,000

Operation Plan Update
for FY 1986-87

COMMISSION ON THE AGING
CITY AND COUNTY OF SAN FRANCISCO
MANAGEMENT BY GOALS AND OBJECTIVES DETAILED PERFORMANCE REPORT

FOR FY 85/86

CASE MANAGEMENT:

To enable functionally impaired older persons to obtain services which promote and maintain their optimum level of functioning in the least restrictive setting possible.

OBJECTIVE MEASURE	ACTUAL PERFORMANCE AND TARGETS			
	85/86	85/86	Variance	86/87
	Target	Achieved	Percentage	Target
# Unduplicated Clients Served	1,288	1,335	+4%	1,324

HOUSING:

To assist older persons to locate and maintain adequate housing.

OBJECTIVE MEASURE	ACTUAL PERFORMANCE AND TARGETS			
	85/86	85/86	Variance	86/87
	Target	Achieved	Percentage	Target
# Unduplicated Clients Served	1,031	1,617	+57%	420
# Placements	163	229	+40%	146
# Client Referrals	1,420	1,625	+14%	312

Operation Plan Update
for FY 1986-87

COMMISSION ON THE AGING
CITY AND COUNTY OF SAN FRANCISCO
MANAGEMENT BY GOALS AND OBJECTIVES DETAILED PERFORMANCE REPORT
FOR FY 85/86

CONGREGATE NUTRITION:

To maintain or improve the physical and social well-being of older persons through appropriate nutrition services.

OBJECTIVE MEASURE	ACTUAL PERFORMANCE AND TARGETS			
	85/86 Target	85/86 Achieved	Variance Percentage	86/87 Target
# Unduplicated Clients Served	28,166	25,073	-11%	27,289
# Meals Served	1,198,397	1,172,183	- 2%	1,232,602

HOME-DELIVERED NUTRITION:

To maintain or improve the physical and social well-being of older persons through appropriate nutrition services.

OBJECTIVE MEASURE	ACTUAL PERFORMANCE AND TARGETS			
	85/86 Target	85/86 Achieved	Variance Percentage	86/87 Target
# Unduplicated Clients Served	3,061	3,197	+ 4%	2,993
# Meals Served	487,118	479,477	- 2%	476,233

COMMISSION ON THE AGING
CITY AND COUNTY OF SAN FRANCISCO
MANAGEMENT BY GOALS AND OBJECTIVES DETAILED PERFORMANCE REPORT

FOR FY 85/86

SECURITY/CRIME:

To enhance the safety and security of older persons and reduce their anxieties about crime.

OBJECTIVE MEASURE	ACTUAL PERFORMANCE AND TARGETS			
	85/86 Target	85/86 Achieved	Variance Percentage	86/87 Target
# Unduplicated Clients Served	490	319	-35%	412
# Completed Escort Trips	7,109	6,792	- 4%	6,480

We have experienced more intensive use by fewer people for escort services, and will adjust future target objectives for clients accordingly.

IN-HOME SERVICES:

To assist functionally impaired older persons to remain in their own homes.

OBJECTIVE MEASURE	ACTUAL PERFORMANCE AND TARGETS			
	85/86 Target	85/86 Achieved	Variance Percentage	86/87 Target
# Unduplicated Clients Served	600	604	0%	680

Operation Plan Update
for FY 1986-87

COMMISSION ON THE AGING
CITY AND COUNTY OF SAN FRANCISCO
MANAGEMENT BY GOALS AND OBJECTIVES DETAILED PERFORMANCE REPORT

FOR FY 85/86

HEALTH SERVICES:

To maintain or improve the physical health of older persons.

OBJECTIVE MEASURE	ACTUAL PERFORMANCE AND TARGETS			
	85/86 Target	85/86 Achieved	Variance Percentage	86/87 Target
# Unduplicated Clients Served	600	665	+11%	600

MENTAL HEALTH SERVICES:

To maintain or improve the mental health of older persons.

OBJECTIVE MEASURE	ACTUAL PERFORMANCE AND TARGETS			
	85/86 Target	85/86 Achieved	Variance Percentage	86/87 Target
# Unduplicated Clients Served	271	263	- 3%	296*

* In 1986/87, a number of these clients will be reported under Social Day Care, after contract revisions.

Operation Plan Update
for FY 1986-87

COMMISSION ON THE AGING
CITY AND COUNTY OF SAN FRANCISCO
MANAGEMENT BY GOALS AND OBJECTIVES DETAILED PERFORMANCE REPORT
FOR FY 85/86

SOCIAL DAY CARE:

To establish and maintain services to chronically ill or functionally impaired older persons.

OBJECTIVE MEASURE	ACTUAL PERFORMANCE AND TARGETS			
	85/86 Target	85/86 Achieved	Variance Percentage	86/87 Target
# Unduplicated Clients Served				
		new program FY 86/87		532*

* Subject to further revision and increase.

TRANSPORTATION:

To secure or provide transportation to assist older persons in obtaining essential services.

OBJECTIVE MEASURE	ACTUAL PERFORMANCE AND TARGETS			
	85/86 Target	85/86 Achieved	Variance Percentage	86/87 Target
# Unduplicated Clients Served				
	1,000	941	- 6%	1,000
# One-Way Trips				
	68,814	66,879	- 3%	68,814

Operation Plan Update
for FY 1986-87

COMMISSION ON THE AGING
CITY AND COUNTY OF SAN FRANCISCO
MANAGEMENT BY GOALS AND OBJECTIVES DETAILED PERFORMANCE REPORT

FOR FY 85/86

COMMUNITY SERVICES:

To maintain or improve the well-being of older persons through the provision of necessary services in the community.

OBJECTIVE MEASURE	ACTUAL PERFORMANCE AND TARGETS			
	85/86 Target	85/86 Achieved	Variance Percentage	86/87 Target
# Unduplicated Clients Served	33,113	29,058	-12%	31,635
# Clients Served: Income Support/Material Aid	99,075	151,806	+53%	114,854

We are experiencing more intensive use by fewer clients, and will adjust 1986/87 targets accordingly.

LEGAL SERVICES:

To ensure the rights and entitlements of older persons by providing or securing legal services.

OBJECTIVE MEASURE	ACTUAL PERFORMANCE AND TARGETS			
	85/86 Target	85/86 Achieved	Variance Percentage	86/87 Target
# Unduplicated Clients Served	5,400	5,925	+10%	4,657*
# Hours:	19,400	19,401	0%	14,797

* Reduction in target due to anticipated turnover of key staff in legal services. New attorneys cannot assume the same case load.

Operation Plan Update
for FY 1986-87

COMMISSION ON THE AGING
CITY AND COUNTY OF SAN FRANCISCO
MANAGEMENT BY GOALS AND OBJECTIVES DETAILED PERFORMANCE REPORT

FOR FY 85/86

CONSUMER SERVICES:

To enable older persons to avoid exploitation and to purchase quality goods and services at lower costs.

OBJECTIVE	ACTUAL PERFORMANCE AND TARGETS			
	85/86	85/86	Variance	86/87
MEASURE	Target	Achieved	Percentage	Target
# Unduplicated Clients Served	14,138	13,407	- 5%	15,320
# Cards Issued: Discount	38,336	38,334	0%	43,691

Grant Allocation Plan

List Major Title III B, C1, and C2 goals from Section I.C. Section tracks on 14 programs. Indicate the units of service by activity to be provided with federal, state and local share. In the far right column, project the federal and state funds estimated to be expended for each fiscal year and whether that service will be provided as a direct service (D) or as a contracted service (C). In Section II B.5, other services and activities, report dollar estimates only.

:	:	:
: PROGRAM	: UNITS OF SERVICE BY ACTIVITY	: PROJECTED TOTAL
: MIS	: (Provided with federal, state	: FEDERAL/STATE FUNDS
: NO.	: and <u>local share</u> .)	: D= Direct Services
:	:	: C= Contracted Svcs
:	:	:
: Information	: <u>18,000</u> Information	:
: &	: <u>12,000</u> Referral and	: D <u>-0-</u>
: Referral	: <u>10,000</u> Evaluation/Follow-up	:
: MIS # 1	: <u>-0-</u> Outreach:	: C <u>-0-</u>
:	: <u>-0-</u> Comprehensive Assessment	:
:	:	:
:	:	:
: Ombudsman	: <u>3,413</u> Complaint Investigation/	:
:	: Resolution	: D <u>-0-</u>
: MIS # 2	: <u>557</u> Education/Training	:
:	:	: C <u>\$101,229.00</u>
:	:	:
:	:	:
: Case	: <u>3,130</u> Comprehensive Assessment	:
: Management	: <u>2,495</u> Care Planning	: D <u>-0-</u>
:	: <u>3,297</u> Service Authorization	:
: MIS # 3	: or Arrangement	:
:	: <u>4,044</u> Case Monitoring	: C <u>-0-</u>
:	: <u>504</u> Outreach	:

Grant Allocation Plan

:	:	:
: PROGRAM	: UNITS OF SERVICE BY ACTIVITY	: PROJECTED TOTAL
: MIS	: (Provided with federal, state	: FEDERAL/STATE FUNDS
: NO.	: and <u>local share.</u>)	: D= Direct Services
:	:	: C= Contracted Svcs
:	:	:
: Housing	: <u>66</u> Placement	:
:	: <u>-0-</u> Repairs/Maintenance/	:
: MIS # 4	: Renovations	: D <u>-0-</u>
:	: <u>-0-</u> Referral <u>and</u>	:
:	: <u>-0-</u> Evaluation/Follow-up	: C <u>-0-</u>
:	: <u>-0-</u> Outreach	:
:	:	:
: Congregate	: <u>1,232,602</u> Meals	:
: Nutrition	: <u>1,100</u> Nutrition Education	: D <u>-0-</u>
: MIS # 5	: <u>-0-</u> Nutrition Counseling	:
:	: <u>-0-</u> Outreach	: C <u>\$2,228,786.00</u>
:	:	:
:	: Note: Output shown monthly in	:
:	: the MIS Output Reports sent to	:
:	: area agencies on aging and is not	:
:	: shown as "Title III-B style units	:
:	: of service."	:
:	: "Transportation (\$_____Project	:
:	: Income)"	:
:	:	:
: Home-Delivered:	: <u>476,233</u> Meals	:
: Nutrition	: <u>170</u> Nutrition Counseling	: D <u>-0-</u>
:	: <u>-0-</u> Outreach	:
: MIS # 6	: Note: Output shown monthly in the	:
:	: MIS Output Reports sent to area	: C <u>\$836,770.00</u>
:	: agencies on aging and is not shown	:
:	: as "Title III-B style units of	:
:	: service."	:
:	:	:
: Security/	: <u>-0-</u> Security/Safety Devices	:
: Crime	: <u>6,480</u> Escort	: D <u>-0-</u>
:	: <u>-0-</u> Education/Training	:
: MIS # 7	: <u>-0-</u> Referral <u>and</u>	:
:	: <u>-0-</u> Evaluation/Follow-up	:
:	: <u>55</u> Outreach	: C <u>\$110,697.00</u>
:	:	:

Grant Allocation Plan

: PROGRAM	: UNITS OF SERVICE BY ACTIVITY	: PROJECTED TOTAL
: MIS	: (Provided with federal, state	: FEDERAL/STATE FUNDS
: NO.	: and <u>local share.</u>)	: D= Direct Services
:	:	: C= Contracted Svcs
: In-Home	: <u>1,200</u> Chore	:
: Services	: <u>6,740</u> Housekeeping/Homemaking	: D <u>-0-</u>
: MIS # 8	: <u>2,400</u> Personal Care	:
:	: <u>1,000</u> Telephoning	:
:	: <u>660</u> Visiting	:
:	: <u>-0-</u> In-Home Service Registry	: C <u>-0-</u>
:	: <u>-0-</u> Outreach	:
: Health	: <u>1,500</u> Health Screening	:
: Services	: <u>-0-</u> Adult Day Health Care	:
: MIS # 9	: <u>-0-</u> Hospice	: D <u>-0-</u>
:	: <u>-0-</u> Education/Training	:
:	: <u>-0-</u> Comprehensive Assessment	:
:	: <u>-0-</u> Physical Fitness	: C <u>-0-</u>
:	: <u>-0-</u> Therapy	:
:	: <u>-0-</u> Outreach	:
: Mental	: <u>277</u> Comprehensive	:
: Health	: Assessment or	:
: Services	: <u>3,250</u> Therapy or	: D <u>-0-</u>
: MIS # 10	: <u>408</u> Referral and	:
:	: <u>1,728</u> Evaluation/Follow-up	:
:	: <u>288</u> Education/Training	: C <u>-0-</u>
:	: <u>-0-</u> Outreach	:
: Social Day	: <u>2,250</u> Supervision	:
: Care	: <u>43</u> Functional Assessment	: D <u>-0-</u>
:	: <u>2,633</u> Activity Scheduling	:
: MIS # 11	: <u>108</u> Service Arrangement	:
:	: <u>-0-</u> Outreach	: C <u>-0-</u>
:	: <u>250</u> Family Support	:
: Trans-	: <u>68,814</u> Transportation	:
: portation	: <u>-0-</u> Escort	: D <u>-0-</u>
: MIS # 12	: <u>-0-</u> Income Support/	:
:	: Material Aid	:
:	: <u>-0-</u> Outreach	: C <u>\$324,141.00</u>

Grant Allocation Plan

:	:	:	:
:	PROGRAM	UNITS OF SERVICE BY ACTIVITY	PROJECTED TOTAL
:	MIS	(Provided with federal, state	FEDERAL/STATE FUNDS
:	NO.	and <u>local share</u> .)	D= Direct Services
:	:	:	C= Contracted Svcs
:	:	:	:
:	Community	67,384 Activity Scheduling	:
:	Services	114,854 Income Support/	D -0-
:	:	Material Aid	:
:	MIS # 13	1,982 Translation	:
:	:	335 Volunteer Opportunities	:
:	:	3,111 Outreach	C \$ 72,053.00
:	:	:	:
:	Legal	14,797 Legal Services (14,797)	D -0-
:	Services	2,107 Education/Training 2,107	:
:	MIS # 14	:	C \$444,638.00
:	:	:	:
:	Employment/	:	:
:	Second	-0- Placement	:
:	Career	-0- Education/Training	D -0-
:	:	-0- Counseling	:
:	MIS # 15	-0- Outreach	C -0-
:	:	:	:
:	Consumer	43,640 Discount	:
:	Services	5,318 Education/Training	D -0-
:	MIS # 16	6,665 Forms Completion	:
:	:	1,440 Outreach	C -0-
:	:	:	:
:	:	TOTAL	D -0-
:	:	:	:
:	:	:	C \$4,118,314.00

Program Waivers

The San Francisco Commission on Aging does not request program waivers.

(Justify the provision of direct services according to Title III Program Manual, H-226.2, Section 103)

The San Francisco Commission on Aging does not provide direct services.

APPENDIX I

Program Funds Transfers

The _____ Area Agency on Aging requests approval from the California Department of Aging to transfer 0 percent of Part None to Part None.

Rationale for Transfer:

None

Allocation of Title III Funds in transfer:

<u>Part</u>	<u>Increase</u>	<u>Decrease</u>	<u>Net Total</u>
B			
C-1	None		
C-2			

Grant Allocation Plan

Other Service and Activities	:	Dollars
Senior Center Acquisition Construction, Renovation and Equipment	: : : : : :	-0-
Program Development	: : : : : :	-0-
Advocacy	: : : : : :	-0-
Coordination	: : : : : :	-0-
Area Agency Administration	: : : : : :	-0-
Total Projected Federal and State Funds (Pages 9, 10, 11 & 12)	: : : : : : :	4,118,314

Grant Allocation Plan

Program Waivers

Requests for approval for direct provision of services must include:

(Justify the provision of direct services according to Title III Program Manual, H-226.2, Section 103)

COMMISSIONERS, COMMISSION ON AGING

MARIAN A. BRISLANE

After almost forty years as a social worker and 28 years with the San Francisco Department of Social Services, Mrs. Brislane retired to an active role with the Commission on Aging. She has served as a Commissioner, as Commission President and as Interim Director during Fiscal Year 1980-81.

JOHN YEHALL CHIN

Mr. Chin is a graduate of Golden Gate College with a degree in Accountancy. He was been a School Administrator from 1930-1956, and currently is Vice President and Branch Manager of the Bank of the Orient. Mr. Chin is a member of the Sierra Club of San Francisco, Chinese Chamber of Commerce, Board member of St. Mary's Chinese Foundation, Chinese for Affirmative Action, and other organizations.

STANLEY HERZSTEIN

Mr. Herzstein is a real estate owner and developer, Vice President of World Trade Center of San Francisco, and director of Pacific Bank. He has served on the Boards of Hebrew Home for Aged, Jewish Children and Family, American Jewish Congress and Fromm Institute.

ETTLE M. FRANCIS

Mrs. Francis is a native of Jamaica, West Indies. She has taught nursing and health care at San Francisco State University, the University of California, where she was Assistant Dean of Student Affairs, and the University of the West Indies, in Kingston, Jamaica. Currently she is Associate Director of Nursing Services at Fairmont Hospital, Alameda Health Care Services Agency in San Leandro.

DEMETRIO JAYME

Mr. Jayme was a founder of the Filipino-American Chamber of Commerce and is a member of the Filipino Professional and Businessmen's Association of San Francisco. He was born and educated in the Philippine Islands, and formerly served as Secretary/Treasurer, North American Maritime Agencies Owners Representative-Maritime Company of the Philippines. Mr. Jayme is a Director of Century Bank of California, and a veteran of World War II.

JOSE OLMEDO

Mr. Olmedo was born in El Salvador. He has lived in San Francisco for approximately forty-three years. He is a retired teacher who remains active in community work and as a part-time librarian. He was first appointed to the Commission in December 1980.

LAWRENCE M. SIMI

During the 1977-78 fiscal year, Mr. Simi served as an Interim Director of the San Francisco Commission on Aging. It was during this period that the SFCOA began administration of the City and County Off Street Parking Tax monies. Mr. Simi is a Governmental Affairs representative for Pacific Gas and Electric.

ADVISORY COUNCIL MEMBERSHIP

Name	Ethnicity	Under 60	Over 60	Appointed by
Bello, Frank	Caucasian		X	Commission
Buckley, Stafford	Caucasian	X		Silver
Carter, Roberta	Black		X	Kennedy
Chan, Woodrow	Chinese	X		Commission
Childs, Othella	Black		X	Walker
Coan, Tina Burgess	Hispanic		X	Commission
Del Portillo, Raymond	Hispanic	X		Commission
Ellis, Barzillia	Black		X	Commission
Gilbert, Charles	Caucasian		X	Renne
Glazunova, Alexandra	Caucasian		X	Commission
Harrison, Daisie, 1st V.P.	Filipino	X		Hongisto
Hewitt, Marion	Native Amer.	X		Commission
Lee, Philip	Chinese		X	Commission
Liang, Marion	Chinese		X	Nelder
Lohneis, Mary	Caucasian		X	Kopp
Marovich, Tony, 2nd V.P	Caucasian		X	Commission
Mori, Sandy Ouye, Secty.	Japanese	X		Maher
O'Connor, Mary	Caucasian		X	Commission
Pineda, Henry	Hispanic		X	Molinari
Stern, Marjorie H.	Caucasian		X	Britt
Suttle, Elsie, President	Black	X		Ward
Tanaka, Edith	Japanese	X		Commission

TABLE I

CITY AND COUNTY OF SAN FRANCISCO

1980 CENSUS DATA

<u>AGE COHORTS</u>	<u>TOTAL</u>	<u>MALE</u>	<u>FEMALE</u>
18-59	425,736 (63%)	221,111	204,625
60-64	33,661 (5%)	15,456	18,205
65-74	59,949 (9%)	25,536	34,413
75-84	34,322 (5%)	12,823	21,499
85+	9,454 (1%)	3,173	6,281
Total 18 plus:	563,122 (83%)	278,099	285,023
Total Population:	678,974		

TABLE II

CITY AND COUNTY OF SAN FRANCISCO

MEDIAN AGE, 1970 - 2020

<u>YEAR</u>	<u>TOTAL POPULATION</u>	<u>FEMALE POPULATION</u>
1970	33.18	35.06
1980	33.90	35.37
1985	35.79	36.73
(Projected) 1990	38.00	38.74
1995	40.31	40.97
2000	42.67	43.34
2020	42.41	44.00

TABLE III

SENIOR POPULATION CHARACTERISTICS

SAN FRANCISCO CITY AND COUNTY

RACE/ETHNICITY	65+ Population	60+ Population
AMERICAN INDIAN..... (Includes Eskimo/Aleut)	<u>262</u> (0.1%)	<u>416</u> (0.3%)
ASIAN/PACIFIC ISLANDER..... (Includes Japanese, Chinese, Filipino, Korean, Samoan, Asian Indian, Vietnamese, and Hawaiian)	<u>16,042</u> (15%)	<u>21,546</u> (16%)
BLACK.....	<u>7,622</u> (7%)	<u>11,626</u> (8%)
HISPANIC..... (Includes Mexican, Cuban, Puerto Rican and Other Spanish)	<u>7,361</u> (7%)	<u>10,175</u> (7%)
WHITE.....	<u>73,056</u> (70%)	<u>93,246</u> (68%)
OTHER.....		<u>672</u> (0.5%)
LIVES ALONE (60+)	<u>43,366</u> (31%)	
60 - 64	<u>8,138</u> (24%)	
65+	<u>35,228</u> (34%)	

TABLE IV

SAN FRANCISCO POPULATION BY RACE

1980 CENSUS

RACE:

White	402,131
Black	86,190
American Indian	3,374
Eskimo	153
Aleut	39
Japanese	12,461
Chinese	82,244
Filipino	38,690
Korean	3,442
Asian Indian	2,704
Vietnamese	5,078
Hawaiian	1,048
Guamanian	302
Samoaan	1,568
Other Asian	1,732
Other	37,818
Total	678,474

SPANISH ORIGIN BY RACE:

White	41,290
Black	1,856
Ind, Esk & Aleut	548
Asian & Pac Isl	5,516
Other	34,984
TOTAL SPANISH	84,194

NOT OF SPANISH ORIGIN:

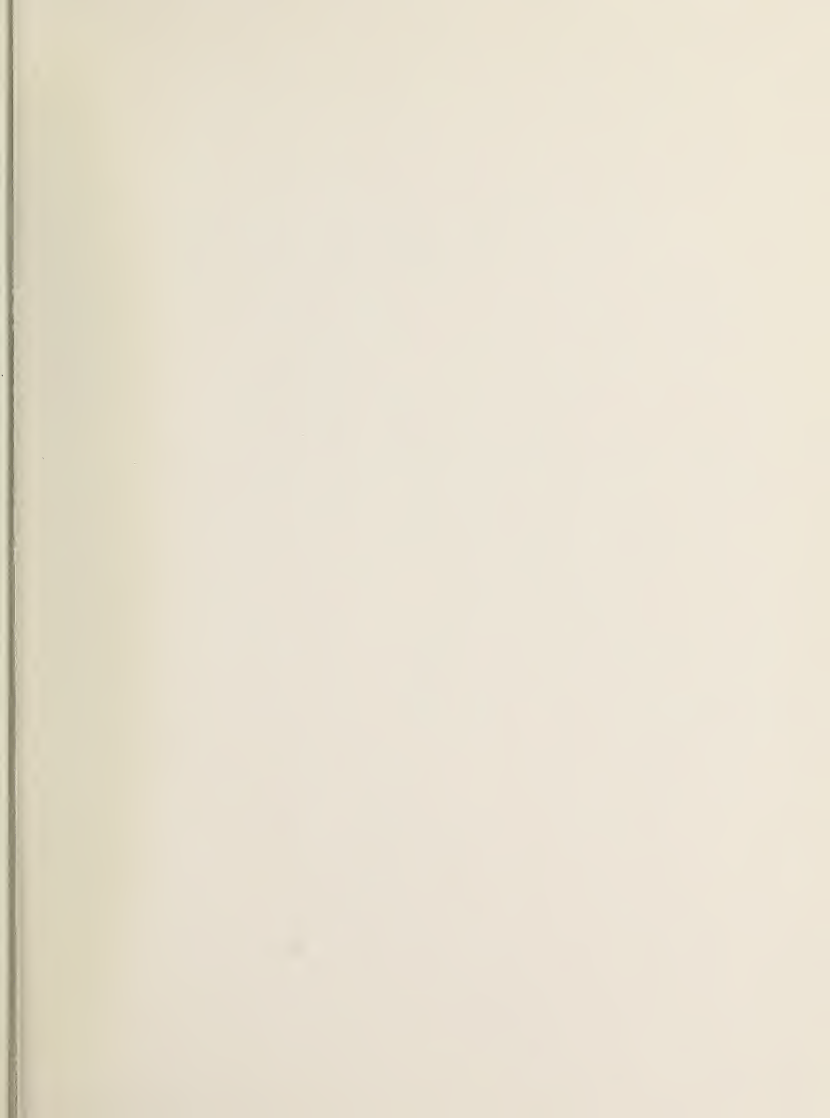
White	360,841
Black	84,334
Ind, Esk & Aleut	3,018
Asian & Pac Isl	143,753
Other	2,834
TOTAL NON HISPANIC	594,780
GRAND TOTAL	678,974

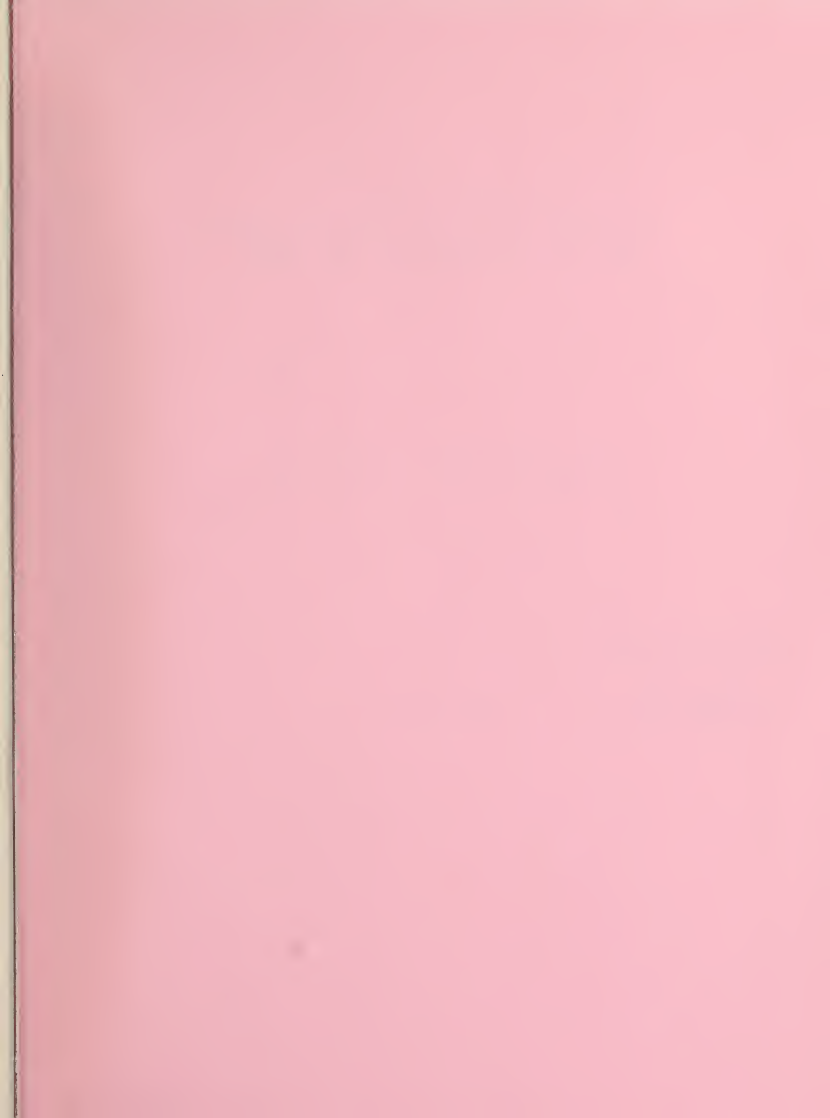
TABLE V

SAN FRANCISCO SSI, AGED, BLIND DISABLED

QUARTER ENDING JUNE 1986

<u>AGED (65+)</u>	13,650
<u>BLIND (all ages)</u>	524
<u>DISABLED (all ages)</u>	19,204





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Annual Supplement

≡ 1987-1988 AREA PLAN PROGRESS REPORT AND
^
OPERATIONAL PLAN UPDATE FOR 1988-1989

SAN FRANCISCO COMMISSION ON AGING

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TABLE OF CONTENTS

AREA PLAN PROGRESS REPORT AND OPERATIONAL PLAN UPDATE

	<u>Page No.</u>
Letter of Transmittal.	1.
I. <u>Four Year Strategic Plan</u>	
A. Mission Statement	2.
B. Major Agency Emphases	3-4.
C. Summary of Four-Year Goals.	5-6.
D. Socio-Demographic Profile	7.
E. Targeting	...8-12.
F. Local Needs Assessment.	13.
G. Resources Identification.	..14-28.
II. <u>Progress Report and Operational Plan Update</u>	
A. 1987-88 Progress Report	
1. Goal Statements, 2. Status of Goals and 3. Objectives.	..29-51.
B. One Time Only Funds	52.

C.	1988-89 Operational Plan Update	..53-84A
1.	Goals and Annual Objectives.	..53-77.
a.	System Development Plan.	..53-66.
b.	Program Development, Advocacy, and Coordination Plan.	..67-77.
2.	Grant Allocation Plan.	..78-82.
a.	Title IIIB Supportive Services . . .	..78-81.
b.	Title IIIC Nutrition Services. . . .	82.
c.	Title IIID In Home Services.	83.
3.	Other Services and Activities Plan . . .	84.
4.	Explanation of Major Changes in the Grant Allocation and Other Services and Activities Plans.	85.
5.	Contingency Plan	85.
6.	Area Plan Budget	85A

III. Appendices

I.	Program Assurances	86.
II.	Public Hearings.	.87(A-T)
III.	Governing Board.	88.
IV.	Advisory Council	..89-90.
V.	Advisory Council Committees.	91.
VI.	Organization Chart	.92(A-B)
VII.	Needs Assessment Documentation	93.

LETTER OF TRANSMITTAL

The Annual Area Plan Update for PSA _____ for the period _____ is hereby submitted to the California Department of Aging (CDA) for approval.

The nature and scope of activities identified in this Plan and the methods used for their development are in accordance with the 1984 Amendments to the Older Americans Act, the Older Californian's Act (Chapter 912, Statutes of 1980), as well as implementing rules, regulations, policies and procedures developed by the Administration on Aging (AoA), and the State Legislature.

The Area Agency on Aging hereby acknowledges that it assumes authority for implementing activities specified herein. The Area Agency on Aging will request from CDA prior approval for all significant changes to program or fiscal proposals that do not conform with the policy of CDA.

1. (Signed) Stanley Horstman 5/13/88
Chairperson, Governing Board Date

2. (Signed) Joyce Ream 5-13-88
Director, Area Agency on Aging Date

The Area Agency Advisory Council has had the opportunity to participate in the planning process, and to review and comment on the Area Plan for services to seniors.

3. (Signed) Robert Carter 5/13/88
Chairperson, Advisory Council Date

I. FOUR YEAR STRATEGIC PLAN

A. Mission Statement

Passage of the Older Americans Act (OAA) of 1965 by the U.S. Congress signified the emergence of aging as a major national policy area and served to stimulate increased public interest and responsiveness to the needs of Older Americans.

Since the inception of the Act, Title III has been a primary vehicle for achieving the global objectives of the statute. Originally, Title III provided for the establishment of state Units on Aging, and in 1973 the Act was amended to provide that states designate Area Agencies on Aging to implement local programs under the Act.

Title III has evolved into a national network on aging comprised of the Administration on Aging (AOA) at the federal level, 57 State Units on Aging, 662 Area Agencies at the local level and over 8,600 nutrition and social service provider agencies. This network on aging has responsibility to plan, coordinate and advocate for the development of comprehensive community based service delivery systems to meet the needs of Older Americans. The primary focus of these systems is the Mission Statement of the San Francisco Commission on the Aging.

- Secure and maintain maximum independence and dignity in a home environment for older individuals capable of self care with appropriate supportive services;
- Remove individual and social barriers to economic and personal independence for older individuals;
- Provide a continuum of community based and in-home care for the vulnerable elderly, thereby avoiding premature or inappropriate institutionalization.

I. FOUR YEAR STRATEGIC PLAN

B. Major Agency Emphases

In developing comprehensive community based service delivery systems, Area Agencies on Aging have the following responsibilities under federal law:

- Determine the need for social and nutrition services with special attention given to those elderly in greatest economic or social need;
- Inventory the resources and services available from public and private sources to meet the identified needs and evaluate their effectiveness;
- Develop and administer a comprehensive multi-year area plan which sets forth activities the Area Agency will undertake to enhance service delivery to those elderly in need;
- Serve as coordinator and advocate within the community to facilitate access and use of existing public and private services and to develop other needed services;
- Act as advocate to develop an awareness by service providers, elected officials, community leaders, civic groups, the corporate and voluntary sectors regarding the identified needs of the elderly within their respective communities;
- Provide limited Title III resources to fill identified gaps in the service system;
- Provide technical assistance and training to the service provider community;
- Monitor activities within the area which directly and indirectly impact the elderly.
- In addition, State and local laws may mandate other Area Agency responsibilities.

Source: California Association of Area Agencies on Aging, Triple A Advisory Council of California, "State Legislative Platform, 1985."

- In the City and County of San Francisco, the Commission on the Aging is the single agency within the government which is specifically charged with supporting services for the elderly. The Commission operates with Federal, State and City and County funds.

I. **FOUR YEAR STRATEGIC PLAN**

B. **Major Agency Emphases (continued)**

- **SEED Designation - The San Francisco Commission on Aging, as one of the California Department of Aging's designated "SEED" projects, is, in conjunction with other City departments and a consortium of care providers, exploring the coordination of long term care services in the City.**

I. FOUR YEAR STRATEGIC PLAN

C. SUMMARY OF FOUR YEAR GOALS

SYSTEM DEVELOPMENT

Goal #1

To maintain essential public services currently provided to the elderly of San Francisco, each year through June, 1989.

Goal #2

To continue to refine and develop the efficiency of the Commission on Aging administrative systems, in order to maximize use of existing resources, through June, 1989.

Goal #3

To monitor and provide technical assistance to sub-contracted care providers in order to insure compliance and to maximize use of available resources, through June, 1989.

Goal #4

To reduce budgeted food costs in the nutrition programs through food cost analysis and bulk purchasing, by June, 1989.

Goal #5

To develop a comprehensive, cost-effective delivery system of home delivered meals, to serve the frail elderly of San Francisco, through a single entry clearinghouse system of intake and central referral by June, 1989. .

Goal #6

To coordinate Title III services with other long term care services in San Francisco through June, 1989, in conjunction with the California Department of Aging SEED program, working toward an integrated continuum of community based long term care.

PROGRAM DEVELOPMENT, ADVOCACY AND COORDINATION

To improve paratransit services for seniors by consolidating all COA transportation contracts with the PUC Paratransit Broker, achieving greater efficiency and cost effectiveness by June, 1989.

I. FOUR YEAR STRATEGIC PLAN

C. SUMMARY OF FOUR YEAR GOALS

PROGRAM DEVELOPMENT, ADVOCACY AND COORDINATION (continued)

Goal #8

To enable seniors to obtain a variety of legal services and community education at numerous sites in the city in such a manner as to best assist seniors including those with language barriers through June, 1989.

Goal #9

To consolidate all Information and Referral programs into one contract with the Department of Public Health in order to expand resources available to the senior population by June, 1989.

Goal #10

To consolidate interagency City contracts for senior services which have been previously co-funded by different departments in order to simplify reporting requirements and provide consistent direction by June, 1989.

Goal #11

To prepare a four-year area plan for senior services by June 30, 1989.

Goal #12

To develop a City Interagency Task Force on Aging with the departments of Aging, Health, Social Services and Housing Authority by June, 1989.

Goal #13

To develop an elder abuse reporting system in San Francisco by June, 1989.

Goal #14

To maintain current and develop additional Alzheimer's Services through June, 1989.

Goal #15

To maintain current and develop enhanced services to San Francisco's institutionalized elderly.

I. FOUR YEAR STRATEGIC PLAN

D. SOCIO-DEMOGRAPHIC PROFILE

No change from 1985-1989 Area Plan and Operational Update
for 1986-1987.

I. FOUR YEAR STRATEGIC PLAN

E. TARGETING

1. Does MIS data show minority participation equal to or above the proportion they represent of the elderly population in the Planning and Service Area?

(X) Yes () No

California Department on Aging's management information statistics are used to track minority participation in all program categories. Thirty percent of the elderly population of San Francisco is minority, 16% of the 60+ population of the city is below poverty. By program area, low income and minority participation in senior programs is as follows:

<u>Programs</u>	<u>% Participants Greatest Economic Need</u>	<u>% Minority Participants</u>
Congregate Nutrition	48%	59%
Home-Delivered Meals	45%	36%
Information and Referral	N/A	
Ombudsman	51%	26%
Case Management	66%	50%
Housing	53%	40%
Security/Crime	55%	49%
In-Home Services	96%	73%
Health Services	63%	27%
Mental Health Services	33%	6%*
Social Day Care	55%	45%
Transportation	70%	70%
Community Services	47%	51%
Legal Services	34%	65%
Consumer Services	53%	56%

The Commission's goal is to maintain low income and/or minority participation at least in proportion to population percentage. In this regard, we have documented success in targeting Older Americans Act services.

*The only contractor collecting units of service under the Mental Health category is Operation Concern of Pacific Presbyterian Medical Center, serving largely gay and lesbian seniors.

2. Have you developed a weighted funding formula that targets the elderly in greatest economic or social need, especially low-income minority elderly in the Planning and Service Area?

() Yes (X) No

3. Are you targeting specific services to specific population groups?

(X) Yes () No

If yes, please identify targeted services:

(X) Information and Referral	() Adult Day Care
(X) Ombudsman	() Respite
(X) Case Management	(X) Transportation
(X) Housing	(X) Community Services
() Security/Crime	(X) Legal Assistance
(X) In-home Services	() Employment
(X) Health	(X) Consumer Services
(X) Mental Health	(X) Congregate Nutrition
() Adult Day Health Care	(X) Home-Delivered Meals
(X) Adult Social Day Care	(X) Alzheimer's Day Care

4. In reference to question #3, what is the reason and methodology for targeting individual services to specific population groups?

To insure the continuation of essential public services to the elderly of San Francisco with particular emphasis on the frail and minority seniors, the San Francisco Commission on the Aging has been successful in targeting programs per Federal initiatives to low-income and ethnic minorities.

The Commission on Aging has developed a series of strategies with reference to targeting services to minorities and low-income elderly. The focus has been on demonstrated outcome; that is, the number of minority and low income seniors who are served:

- As per Federal and State regulations, funds in PSA6 are allocated through a "Request for Proposal" process every four years in accordance with requirements outlined in the COA Title III Manual and Service Provider memoranda. Proposals submitted are evaluated and ranked on an evaluation criteria point scoring system, published in the RFP, which is based on the Area Agency's priorities and goals, as outlined in the Older Americans Act, the Older Californians Act, local law, and as described in the Area Plan. Thus, targeting services to persons in greatest social and economic need, a major priority in the documents listed previously, is a major factor in the ranking of proposals and the resulting distribution of funds. Points are assigned to proposals based on evidence of the applicant's ability to target services to low income, ethnic/racial minorities, greatest economic and social need, 75+ and living alone.

1. FOUR YEAR STRATEGIC PLAN

E. TARGETING (continued)

- Needs of the minority and low income communities are heard at the community hearings held by the Senior Advisory Council and incorporated into the priorities of the Commission. To facilitate input from these communities, meetings are held on a rotating basis in the neighborhoods, and special announcements are targeted to encourage participation from all communities. Appropriate translation services are provided at the community meetings.
 - New meal and/or social service site designations are carefully analyzed for low income and minority participation potential prior to approval.
 - Ethnic meals provided (Chinese, Japanese, Filipino, Latino, Russian, Kosher, Soul, Native-American) in neighborhood based sites directly encourage and result in minority participation.
 - Meals and support services, physically located in low-income and minority areas and serviced by bilingual staff facilitate both easy access and communication, successfully resulting in participation by those communities.
 - Wherever possible, minority agencies are contracted to provide the bilingual and bicultural services.
-

5. What barriers hinder your targeted groups participation in Older Americans Act services?

Major barriers include language, cultural differences and geographic boundaries which diminish access and participation. Lack of increased funding prohibits expansion of services into newly identified high need areas.

6. What has been done to alleviate the barriers identified in question #5?

As stated under methodology (above), meals and support services are physically located in low-income and minority areas and serviced by bilingual/bicultural staff to facilitate both easy access and communication.

7. Does your needs assessment provide information in regard to targeting the elderly in greatest economic and social need, especially low-income minority persons?

(X) Yes () No

I. FOUR YEAR STRATEGIC PLAN

E. TARGETING (continued)

8. Has a special needs assessment been conducted to determine what services/funds should be made available to the elderly in greatest economic or social need, especially low-income minority persons? () Yes (X) No

As stated under methodology (above), needs of the minority and low income communities are heard at the community hearings held by the Senior Advisory Council and incorporated into the priorities of the Commission. To facilitate input from these communities, meetings are held on a rotating basis in the neighborhoods, and special announcements are targeted to encourage participation from all communities. Translators are available at the hearings to facilitate input from all communities.

9. Have outreach efforts been helpful in locating targeted individuals? (X) Yes () No

10. Are members of the target groups represented on your Advisory Council? (X) Yes () No

11. Has information gathered from your public hearing process assisted you in deciding where to target public funds? (X) Yes () No

Results of the public hearing process are formally presented to the Commission and carefully considered and incorporated into planning and final funding decisions.

12. Have you used census tract data to determine where the elderly in greatest economic and social need, especially low-income minority persons, are located? (X) Yes () No

13. Have informational publications about Older Americans Act programs been prepared in languages other than English and distributed to specific target groups? (X) Yes () No

14. Do service contracts require providers to develop programs specifically for targeted groups? (X) Yes () No

I. FOUR YEAR STRATEGIC PLAN

E. TARGETING (continued)

14. (continued)

Development of targeted programs is formally done by the Commission in its planning and funding processes and on an ongoing basis as outlined under methodologies (above). RFP guidelines and evaluation of proposed programs include emphasis on targeting to insure service to the targeted populations. Descriptions of programs and service populations outlined in the RFP proposals are incorporated into the service contracts, and subcontracts are evaluated on contract compliance on an ongoing basis.

15. Are assessment instruments used to evaluate service providers' compliance with targeting goals?

(X) Yes () No

Monthly site visitation/evaluations and the annual Baseline Assessment include evaluation of contract compliance with goals and objectives of the contract and assessment of performance using the MIS data and MIS source documentation.

16. Are funds from other public and private sources used for developing services for targeted seniors?

(X) Yes () No

Yes, in these days of diminishing resources, outside fundraising is a major priority of the Commission and the service providers. Considerable effort is made to obtain other public or private resources to fill unmet needs when local dollars are unavailable.

I. FOUR YEAR STRATEGIC PLAN

F. LOCAL NEEDS ASSESSMENT

The Advisory Council to the Commission on Aging held its annual Community Meetings during 1987-88 to assess needs in the Community and presented a Report and Recommendations to the Commission in September 1987. A copy of the report is attached to Appendix II. These hearings and the recommendations by the Advisory Council are significant and have resulted in the expanded objectives for 1988-1989 as outlined in sections II.A. 1987-88 PROGRESS REPORT, and II.C. 1988-89 OPERATIONAL PLAN UPDATE.

I. FOUR-YEAR STRATEGIC PLAN

G. RESOURCES IDENTIFICATION

1. PRIVATE AND PUBLIC SECTOR RESOURCES

RESOURCES DEVELOPED BY:
(Check one or more)

RESOURCES USED IN SFCOA:	Formal Agreement	Interagency Coordination Committee	Informal Coordination
--------------------------	---------------------	--	--------------------------

PRIVATE SECTOR RESOURCES

FOUNDATIONS:

San Francisco Foundation: Interview on issues concerning the elderly. X

Levi Strauss Foundation: Joint development of data base funded by Levi-Strauss for community Planning. X

S.F. Women's Foundation: Information and technical assistance. X

Koret Foundation: Information and technical assistance. Initial screening and recommendation on inter-generational grant proposals. X

Goldman Fund: Information and technical assistance. X

Business & Professional Women's Foundation, Washington, D.C.: Information & technical assistance on issues concerning dependent care. X

Villers Foundation, Washington, D.C.: Technical assistance on advocacy issues X

Enterprise Foundation, Reston, VA: Technical assistance on housing for the elderly. X

Kaiser Foundation: Information and technical assistance. X

Northern California Grant Makers: Information and technical assistance. X

Rockefeller Brothers Fund, New York City: Technical assistance on funding issues. X

I. FOUR-YEAR STATIGIC PLAN

G. RESOURCES IDENTIFICATION (Continued)

RESOURCES USED IN SFCOA:(Continued)	RESOURCES DEVELOPED BY: (Check one or more)		
	Formal Agreement	Interagency Coordination Committee	Informal Coordination
PRIVATE SECTOR RESOURCES			
FOUNDATIONS:			
<u>Chevron, USA:</u> Corporate contributions, technical assistance on funding issues.			X
<u>Hattie M. Strong Foundation,</u> <u>Washington, D.C.:</u> Information on Intergenerational programs.			X
<u>Pettus Crowe Foundation, Washington,</u> <u>D.C.:</u> Technical assistance on funding issues.			X
<u>Council on Foundations, Washington,</u> <u>D.C.:</u> Technical assistance on funding issues.			X
<u>Hewlett Foundation, Menlo Park, CA</u> Technical assistance on funding issues.			X
<u>Women and Foundation/Corporate Philan-</u> <u>thropy, New York:</u> Technical assistance on funding issues.			X
<u>Commonwealth Fund Commission on</u> <u>Elderly People Living Along, Baltimore:</u> Technical assistance on funding issues.			X
<u>Grant makers in Aging, Washington, D.C.:</u> Technical assistance on funding issues.			X
MEDIA:			
<u>KOED FM:</u> Panel presentation on "Aging in the 80's."			X
<u>KNBR Radio:</u> Panel presentation on Commission on Aging.			X
<u>Bridge Newspaper:</u> Information on senior programs.			X

I. FOUR-YEAR STRATEGIC PLAN

G. RESOURCES IDENTIFICATION (Continued)

RESOURCES DEVELOPED BY:
(Check one or more)

RESOURCES USED IN SFCOA: (Continued)	Formal Agreement	Interagency Coordination Committee	Informal Coordination
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PRIVATE SECTOR RESOURCES

MEDIA:

S.F. Progress: Interviews on Commission on Aging. X

S.F. Chronicle: Information. X

S.F. Examiner: Information X

Reader's Digest, USA: Technical assistance or article concerning housing alternatives to the elderly. X

KCBS Radio: Information, technical assistance. X

KGO Television: Ascertainment interview on community needs. X

Tenderloin Times San Francisco: Interview concerning housing. X

NON-PROFIT AGENCIES:

San Francisco Forum: Information and technical assistance. X

San Francisco Medical Society Auxiliary: Information and technical assistance. X

Cooks and Colunary Workers Local #1 Retired Employees: Joint planning and technical assistance. X

ILWU Retired Employees Club: Information and advocacy planning X

Marshall Hale Hospital: Technical assistance. X

I. FOUR-YEAR STATÉGIC PLAN
G. RESOURCES IDENTIFICATION (Continued)

RESOURCES USED IN SFCOA:(Continued)	RESOURCES DEVELOPED BY: (Check one or more)		
	Formal Agreement	Interagency Coordination Committee	Informal Coordination
PRIVATE SECTOR RESOURCES			
<u>NON-PROFIT AGENCIES:</u>			
<u>Mt. Zion Hospital:</u> Technical assistance.			X
<u>St. Mary's Hospital:</u> Presentation at conference and technical assistance			X
<u>Pacific Medical Center:</u> Advocacy on Systolic Hypertension and the elderly project.			X
<u>National Institute for Neural Injury:</u> Technical assistance.			X
<u>Area Board Five, Developmental Disabilities:</u> Liaison.			X
<u>San Francisco Developmental Disabilities Council:</u> Liaison.			X
<u>Coalition of Agencies Serving the Elderly:</u> Joint planning on issues affecting the elderly.			X
<u>Elder Abuse Consortium, Mt. Zion Hospital:</u> Technical assistance, advocacy.			X
<u>United Way of the Bay Area:</u> Planning on Rosa Parks Project. Joint planning on information and referral services. Joint training on information and referral.	X		X
<u>Coro Foundation:</u> Technical assistance in placing interns with non-profit organizations serving the elderly.			X
<u>California Association of Nutrition Directors:</u> Participation in workshops, coordination on nutrition issues.			X

I. FOUR-YEAR STATÉGIC PLAN

G. RESOURCES IDENTIFICATION (Continued)

RESOURCES DEVELOPED BY:
(Check one or more)

RESOURCES USED IN SFCOA:(Continued)	Formal Agreement	Interagency Coordination Committee	Informal Coordination
PRIVATE SECTOR RESOURCES			
<u>NON-PROFIT AGENCIES:</u>			
<u>Western Addition Committee on Crime and Security:</u> Technical assistance and presentation at conference.			X
<u>S.F. Junior League:</u> Information and planning on issues affecting the elderly.			X
<u>S.F. Catholic Charities:</u> Advocacy, planning on issues affecting the elderly.			X
<u>Mission Hiring Hall:</u> Planning on employment issues affecting the elderly.			X
<u>California ABLE:</u> Planning on employment issues affecting the elderly.			X
<u>S.F. Chamber of Commerce:</u> Advocacy on discount services to the elderly.			X
<u>U.S. Conference of Mayors:</u> Joint planning and sharing of program information.			X
<u>California State Association of County Supervisors:</u> Presentation at state workshop sharing program information.			X
<u>Aging Health Policy Center, UCSF:</u> Sharing of information on issues concerning the elderly.			X
<u>Girls' Club of American, Inc.:</u> New York, Coordination on intergenerational projects.			X
<u>American Conservatory Theatre:</u> Planning and organization for annual senior event.	X		X

I. FOUR-YEAR STATEGIC PLAN
 G. RESOURCES IDENTIFICATION (Continued)

RESOURCES USED IN SFCOA:(Continued)	RESOURCES DEVELOPED BY: (Check one or more)		
	Formal Agreement	Interagency Coordination Committee	Informal Coordination
PRIVATE SECTOR RESOURCES			
<u>NON-PROFIT AGENCIES:</u>			
<u>United Seniors Health Cooperative,</u> <u>Washington, D.C.</u> Information and technical assistance.			X
<u>Pacific Research Institute on Public</u> <u>Policy Information, San Francisco.</u>			X
<u>World Affairs Council:</u> Technical assistance on minority participation.			X
<u>Options for Women Over Forty,</u> <u>San Francisco.</u> Information and technical assistance.			X
<u>The Conference Board, New York:</u> Information on issues concerning the elderly.			X
<u>American Society on Aging:</u> Grant Proposal review and consultation.			X
<u>San Francisco Community Music Center:</u> Assistance in program development for the elderly.			X
<u>Alumnae Resources:</u> Information on employment opportunities for the elderly.			X

I. FOUR-YEAR STRATEGIC PLAN

G. RESOURCES IDENTIFICATION (Continued)

RESOURCES DEVELOPED BY:
(Check one or more)

RESOURCES USED IN SFCOA:(Continued)	Formal Agreement	Interagency Coordination Committee	Informal Coordination
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PRIVATE SECTOR RESOURCES

CORPORATION:Southwestern Bell, St. Louis:

Technical assistance.	X		
-----------------------	---	--	--

<u>Pacific Bell:</u> Technical Assistance.	X		
--	---	--	--

Foremost McKesson Corporation:

In-Kind services, printing			X
----------------------------	--	--	---

<u>McDonald's:</u> Coordination of discount vouchers for weekend meals.	X		
---	---	--	--

<u>Pacific Gas and Electric:</u> Technical assistance concerning weatherization programs for the elderly. Review of projected programs for the elderly.			X
---	--	--	---

Merrill Lynch, Pierce, Fenner and

<u>Smith:</u> Joint planning on senior Phon-a-Thon.	X		
---	---	--	--

<u>Pfizer Pharmaceuticals:</u> COA coordinated a workshop attended by 200 people on the topic, "Help Yourself to Good Health."	X		
--	---	--	--

<u>TransAmerica Corporation:</u> Staff development workshops sponsored by TransAmerica.	X		
---	---	--	--

I. FOUR-YEAR STRATEGIC PLAN
G. RESOURCES IDENTIFICATION (Continued)

RESOURCES USED IN SFCOA:(Continued)	RESOURCES DEVELOPED BY: (Check one or more)		
	Formal Agreement	Interagency Coordination Committee	Informal Coordination
PUBLIC SECTOR RESOURCES			
<u>NATIONAL:</u>			
<u>U.S. Department of State:</u> Coordination and sharing of information with experts in the field of aging from Japan, Italy, Colombia, Scotland and The Netherlands.			X
<u>U.S. Consumer Product Safety Commission:</u> Safety promotion for the elderly, coordination on local conference.			X
<u>Veterans Administration:</u> Coordination on representative payee program.			X
<u>Social Security Administration:</u> Technical assistance on new income tax regulations affecting the elderly: coordination on the SEED program.		X	X
<u>LOCAL:</u>			
<u>Mayor's Fiscal Advisory Committee:</u> Technical assistance to the Commission on Aging	X		
<u>Mayor's Task Force on the Tenderloin:</u> Interagency Committee on housing in the Tenderloin.		X	
<u>Mayor's Task Force on Mental Health:</u> Review and recommendations on mental health issues.			X
<u>S.F. Housing Authority:</u> Planning for Rosa Parks Senior Housing. Development of meal site at 1111 Buchanan St. Joint planning of the Interagency Task Force.	X	X	X

I. FOUR-YEAR STRATEGIC PLAN

G. RESOURCES IDENTIFICATION (Continued)

RESOURCES DEVELOPED BY:
(Check one or more)

RESOURCES USED IN SFCOA: (Continued)	RESOURCES DEVELOPED BY:		
	Formal Agreement	Interagency Coordination Committee	Informal Coordination

PUBLIC SECTOR RESOURCES

LOCAL (Continued):

S.F. Conservation Corps: Review and coordination of projects benefiting agencies serving the elderly.

X

S.F. Department of Social Services:

1) Coordination and planning on long term care issues. 2) Joint contracts administered by S.F. Commission on Aging. 3) Joint development of SEED Planning.

X

X

X

S.F. Unified School District:

Joint planning on intergenerational programs.

X

S.F. Department of Public Health:

1) Joint funding of Senior Health Promotion and Information and Referral Services; 2) Coordination on Long term care issues; 3) Formal co-sponsorship of Adult Day Health Planning Council; 4) Joint planning on Inter Agency Task Force; 5) Joint development of SEED Planning.

X

X

X

X

X

X

X

S.F. Office of Community Development:

Coordination and technical assistance on funding programs.

X

S.F. Public Library: 1) Panel presentation on the elderly. 2) development of programs for the elderly.

X

Title V - O.E.O: Coordination on employment program for the elderly.

X

S.F. Police Department: Coordination on security/crime issues affecting the elderly.

X

I. FOUR-YEAR STATIGIC PLAN
G. RESOURCES IDENTIFICATION (Continued)

RESOURCES DEVELOPED BY: (Check one or more)			
RESOURCES USED IN SFCOA:(Continued)	Formal Agreement	Interagency Coordination Committee	Informal Coordination
PUBLIC SECTOR RESOURCES			
<u>LOCAL</u> (Continued):			
<u>S.F. Public Utilities Commission:</u> Co-funding and Coordination on issues involving senior paratransit.	X		
<u>S.F. Mayor's Office on Disaster Preparedness:</u> Joint training session on disaster preparedness for service providers of Commission on Aging, technical assistance to Commission	X		
<u>S.F. Sheriffs Department:</u> Continuing liaison with victim witness program; coordination with sheriff's eviction program.			X
<u>S.F. Fire Department:</u> Technical assistance on Fire Department's Firehawk program.			X
<u>Region IX Administration on Aging:</u> Joint planning, information referral services and ongoing coordination.			X
<u>S.F. Recreation and Parks Depart- ment:</u> Joint planning on programs for the elderly; consolidated con- tract for one program; M.O.U.s for nutrition sites in recreation facilities.	X		X
<u>S.F. Community College:</u> Joint development and sponsorship of training programs for Long Term Care.	X		
<u>California Arts Council:</u> Conference on program application.	X		

I. FOUR YEAR STRATEGIC PLAN

G. RESOURCES IDENTIFICATION

2. Inter-Agency Coordination

INTERAGENCY COORDINATION COMMITTEE

NAME OF ORGANIZATION	NAME OF REPRESENTATIVE	LOCATION (including name of country)
<u>San Francisco Dept. of Public Health</u>	Dr. David Werdegar Director John Blumlein, Comsr. Naomi Gray, Commissioner	101 Grove Street San Francisco
<u>San Francisco Commission on the Aging</u>	Joyce Ream, Director Stanley Herzstein, Comsr. Lawrence Simi, Cmsr. Marion Brislane, Comsr.	25 Van Ness Ave. San Francisco
<u>S.F. Department of Social Services</u>	Rose Randolph, Acting Dir. Jack Morrison, Comsr.	170 Otis Street San Francisco
<u>S.F. Housing Authority</u>	James Clay, Director Lewis Lillian, Comsr.	440 Turk Street San Francisco

THIS TASK FORCE MEETS ON A MONTHLY BASIS TO DEVELOP A
COORDINATED APPROACH TO ISSUES CONCERNING THE ELDERLY

I. FOUR YEAR STRATEGIC PLAN

G. RESOURCES IDENTIFICATION (continued)

3. Community Based Long Term Care System Development

CBLTC	AVAILABLE WITHIN THE PSA?		TITLE III.		PLAN TO PROVIDE/ INCREASE?		1988-89 AREA PLAN OBJECTIVE?	
	YES	NO	YES	NO	Ser. Funds		YES	NO
Adult Day Care	<u>X</u>	___	<u>*</u>	<u>X</u>	<u>X</u>	<u>*</u>	<u>X</u>	___
Adult Social Day Care	<u>X</u>	___	<u>*</u>	<u>X</u>	<u>X</u>	<u>*</u>	<u>X</u>	___
Adult Day Health Care	<u>X</u>	___	<u>*</u>	<u>X</u>	<u>X</u>	<u>*</u>	<u>X</u>	___
Respite Care	<u>X</u>	___	___	<u>X</u>	<u>X</u>	___	<u>X</u>	___
Adult Protective Svcs.	<u>X</u>	___	___	<u>X</u>	<u>X</u>	___	<u>X</u>	___
Adult Residential Care Facilities/Residential Care	<u>X</u>	___	<u>**</u>	___	<u>X</u>	<u>**</u>	<u>X</u>	___
Residential Care for Elderly	<u>X</u>	___	<u>**</u>	___	<u>X</u>	<u>**</u>	<u>X</u>	___
Case Management Svcs.	<u>X</u>	___	<u>X</u>	___	<u>X</u>	<u>X</u>	<u>X</u>	___
Alzheimer's Daycare Resource Centers	<u>X</u>	___	<u>X</u>	___	<u>X</u>	<u>X</u>	<u>X</u>	___
Multi-Purpose Senior Services Program	<u>X</u>	___	___	<u>X</u>	<u>X</u>	___	<u>X</u>	___
Linkages Program	<u>X</u>	___	___	<u>X</u>	<u>X</u>	___	<u>X</u>	___
Health Insurance Counseling and Advocacy Program	<u>X</u>	___	___	<u>X</u>	<u>X</u>	___	<u>X</u>	___
Congregate Meals	<u>X</u>	___	<u>X</u>	___	<u>X</u>	<u>X</u>	<u>X</u>	___
Home Delivered Meals	<u>X</u>	___	<u>X</u>	___	<u>X</u>	<u>X</u>	<u>X</u>	___
Home Health Services	<u>X</u>	___	___	<u>X</u>	<u>X</u>	___	<u>X</u>	___
Information and Referral Expertise in Community- Based Long Term Care	<u>X</u>	___	<u>X</u>	___	<u>X</u>	<u>X</u>	<u>X</u>	___

I. FOUR-YEAR STRATEGIC PLAN

G. RESOURCES IDENTIFICATION (CONT.)

3. COMMUNITY BASED LONG TERM CARE SYSTEM DEVELOPMENT

CBLTC	AVAILABLE		TITLE III.		PLAN TO		1988-89	
	. WITHIN		. TITLE III.		PROVIDE/		. AREA PLAN	
	THE PSA?				INCREASE?		OBJECTIVE?	
	YES	NO	YES	NO	Ser.	Funds	YES	NO
Independent Living Ctr.	<u>X</u>	___	___	<u>X</u>	<u>X</u>	___	<u>X</u>	___
In-Home Supportive Services (Title XX)	<u>X</u>	___	___	<u>X</u>	<u>X</u>	___	<u>X</u>	___
Preadmission Screening	<u>X</u>	___	___	<u>X</u>	<u>X</u>	___	<u>X</u>	___
Preventive Health Care for the Aging Program	***	<u>X</u>	***	<u>X</u>	***	***	***	<u>X</u>
Senior Centers	<u>X</u>	___	<u>X</u>	___	<u>X</u>	<u>X</u>	<u>X</u>	___
Substate Long Term Care Ombudsman	<u>X</u>	___	<u>X</u>	___	<u>X</u>	<u>X</u>	<u>X</u>	___
Transportation	<u>X</u>	___	<u>X</u>	___	<u>X</u>	<u>X</u>	<u>X</u>	___
In-Home Services	<u>X</u>	___	<u>X</u>	___	<u>X</u>	<u>X</u>	<u>X</u>	___

* Congregate meals are provided to Adult Day Health and Social Day Care Programs.

** Community Services Programs are provided to residents of these facilities.

*** The City and County of San Francisco provides a variety of health services and preventive health care services at numerous sites in the City through the Department of Public Health, The Commission on Aging and private service organizations. The "Preventive Health Care for the Aging Program", listed here, is one specific State designated program which is not located in San Francisco at this time.

I. FOUR-YEAR STRATEGIC PLAN

G. RESOURCES IDENTIFICATION (CONT.)

3. COMMUNITY BASED LONG TERM CARE SYSTEM DEVELOPMENT(cont)

Identify current barriers to Long Term Care service integration:

COMMENTS:

- Success of programs already operating: one of the most significant barriers to formal Long Term Care services integration is the multiplicity of service delivery programs and systems already successfully developed and operating in San Francisco. Each of these systems has developed in response to the unique needs of diverse client populations and requirements and/or parent organization priorities and goals, and each functions independently. An effective informal network of integration has been successfully developed by these service providers.
- Institutionalized systems: the separate and distinct programs, each have their own forms and procedures; intake and assessment; service and program definitions; and confidentiality requirements, which inhibit full formal integration and information sharing city-wide. These separate systems have developed over the years in response to the individual reporting and client eligibility requirements of Federal, State and Foundation program funding sources, parent organization system requirements, and the unique needs of the client population they serve, e.g., language or culture specific needs. In the San Francisco SEED Project we have been successful, in conjunction with the California Department of Aging, in developing and using the common intake and assessment instruments with all of the CDA funded programs. Continuing efforts are needed to include other programs, e.g., IHSS and Hospital Discharge Planners in the intake and assessment process.
- Lack of incentive to change existing systems:

Time and money: institutional changes required to make broad system changes would require intensive staff work time at the direct service and coordinating agency levels. Since many programs are at maximum capacity requiring concentration of available resources into program, there are simply not the time and resources available to restructure systems.

Program capacity: agency leadership often fail to see value in change, in that most programs are at or above capacity at the current time, they are satisfied that people are being served and they are sometimes frustrated with already established waiting lists.

I. FOUR-YEAR STRATEGIC PLAN

G. RESOURCES IDENTIFICATION (CONT.)

3. COMMUNITY BASED LONG TERM CARE SYSTEM DEVELOPMENT(cont.)

Regulations: rules and regulations within public and private funding sources are often rigid and inhibit system change without duplicating paperwork.

Fear of Paper: many direct service providers are reluctant to require system-wide paper work, fearing that requiring additional forms and personal information might act as a disincentive to people needing services.

- **Information:** Potential long term care system users often lack the information needed to identify both resources needed as well as where to turn for assistance, regardless of formally established systems. As with any new "product", in order to be successful, community based long term care services need marketing. Historically, marketing takes time and money.

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE

A. 1987-88 PROGRESS REPORT

SYSTEM DEVELOPMENT GOALS AND OBJECTIVES

Goal #1

IP

To maintain essential public services currently provided to the elderly of San Francisco, each year through June, 1989.

Objectives - Goal #1

Information and Referral

- 1) To give information about resources, programs and services. (Does not attempt to facilitate appointments or other arrangements between the client and the service provider and does not represent agency receptionist activity.)
- 2) To provide arrangements and appointments to link clients with appropriate community services.
- 3) To determine the quality of effectiveness of service provided to a client.

Ombudsman

- 4) To ensure the rights and entitlements of older persons in long term care facilities by investigating and resolving complaints and initiating corrective action where necessary.
- 5) Activities related to receiving, analyzing, researching, observing, interviewing or verifying a complaint; activities related to intervention in a complaint on behalf of a client using skills and techniques such as advocacy, facilitation, conciliation, mediation, negotiation, representation, referral, follow-up or education.
- 6) To educate groups of older persons, their families, significant others, community organizations, or facility staff, about seniors' rights, benefits and entitlements (exclude training of program staff or volunteers).

Case Management

- 7) To enable functionally impaired older persons to obtain services which promote and maintain their optimum level of functioning in the least restrictive setting possible.

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE

A. 1987-88 PROGRESS REPORT (continued)

- 8) To collect necessary psycho-social and health information about a client in order to develop a care plan.
- 9) To write an individualized plan of care and services under a case management system based on a comprehensive assessment of the client's condition and/or resources.
- 10) To obtain services according to an individualized care plan by coordinating existing services authorization for payment for services, or purchase of services.
- 11) To determine quality and effectiveness of services provided to a client according to an individualized care plan; to maintain periodic client contact to determine if change has occurred; and to take appropriate action as necessary.
- 12) To identify and locate individuals and to provide information and encouragement about existing services and benefits. These activities are on a one-to-one basis (such as door-to-door contact or special assistance in communications).

Housing

- 13) To assist older persons to locate or maintain adequate housing.
- 14) To assist a person to obtain suitable living arrangements (includes counseling and assessment as necessary).
- 15) To provide arrangements and appointments to link clients with appropriate community services. (May not be provided without Evaluation/Follow-up.)
- 16) To determine the quality and effectiveness of service provided to a client.
- 17) To identify and locate individuals and to provide information and encouragement about existing services and benefits. These activities are on a one-to-one basis (such as door-to-door contact or special assistance in communications).

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE

A. 1987-88 PROGRESS REPORT (continued)

Congregate Nutrition

- 18) To maintain or improve the physical and social well-being of older persons through appropriate nutrition services.
- 19) To provide one meal which assures a minimum of one-third of the current Recommended Dietary Allowances (established by the Food and Nutrition Board, National Research Council).
- 20) To provide regularly scheduled programs which conform to the requirements of Section H, Nutrition Services of the Title III Program Manual, which are planned, approved and coordinated by a qualified Dietitian/Nutritionist. These programs may include demonstrations, audio-visual presentations, lectures, or small group discussions.

Home Delivered Nutrition

- 21) To maintain or improve the physical and social well-being of older persons through appropriate nutrition services.
- 22) To provide one meal that assures a minimum of one-third of the current Recommended Dietary Allowances (established by the Food and Nutrition Board, National Research Council).
- 23) To provide individual dietary evaluation counseling which relates to normal or therapeutic nutritional needs and which is performed by a Dietitian/Nutritionist. Nutrition counseling may be made either in person or by phone.

Security and Crime

- 24) To enhance the safety and security of older persons and reduce their anxieties about crime.
- 25) To accompany and personally assist a client to obtain a service for safety or security reasons (includes transportation, if necessary).
- 26) To identify and locate individuals and to provide information and encouragement about existing services and benefits. These activities are on a one-to-one basis (such as door-to-door contact or special assistance in communications).

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE

A. 1987-88 PROGRESS REPORT (continued)

In-Home Services

- 27) To assist functionally impaired older persons to remain in their homes.
- 28) To provide periodic maintenance for a household such as heavy cleaning, washing windows, trimming trees and mowing lawns.
- 29) To provide light routine maintenance of a household, including such support as dusting, vacuuming, laundry, meal preparation or shopping.
- 30) To assist clients with routine care of a personal nature such as bathing, dressing, personal appearance, feeding and general hygiene.
- 31) To phone a client to provide reassurance and comfort.
- 32) To visit a client to provide reassurance and comfort.

Health

- 33) To maintain or improve the physical health of older persons.
- 34) To provide a brief examination to determine need for more in-depth medical evaluation and referral when appropriate.
- 35) To impart knowledge, provide information, or instructions on health topics in a group setting (excludes training of program staff or volunteers).
- 36) To collect necessary information about a client to determine need and/or eligibility for a service and recommend action to remedy the problem identified. (Must include the function of Referral and Evaluation/Follow-up.)
- 37) To conduct activities, under qualified supervision, to sustain and improve the health and well-being of a client, such as exercise sessions.

A. 1987-88 PROGRESS REPORT (continued)

- 38) To provide treatment of a specific physical problem by a health professional, or an allied health professional as permitted by law.
- 39) To identify and locate individuals and to provide information and encouragement about existing services and benefits. These activities are on a one-to-one basis (such as door-to-door contact special assistance in communications).

Mental Health

- 40) To maintain or improve the mental health of older persons.
- 41) To collect necessary information about a client to determine need and/or eligibility for a service and recommend action to remedy the problem identified. (Must include the function of Referral and Evaluation/Follow-up.)
- 42) To provide therapeutic counseling for a specific psychological problem by a health professional as permitted by law.
- 43) To provide arrangements and appointments to link clients with appropriate community services. (May not be provided without Evaluation/Follow-up.)
- 44) To determine the quality and effectiveness of service provided to a client.
- 45) To provide knowledge to groups of seniors to enhance their self-understanding and to develop techniques for coping with daily living.

Transportation

- 46) To secure or provide transportation to assist older persons in obtaining essential services.
- 47) To take a client from one location to another.
- 48) To provide aid in the form of travel vouchers/transit passes.

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE

A. 1987-88 PROGRESS REPORT (continued)

Community Services

- 49) To maintain or improve the well-being of older persons through the provision of necessary services in the community.
- 50) To arrange for the provision of supportive services by community resources.
- 51) To provide aid in the form of money or goods (excludes travel vouchers/transit passes and reimbursement for out-of-pocket expenses by staff or volunteers).
- 52) To provide for organized art or recreational activities for creative expression or socialization (includes athletic completion).
- 53) To provide a supervised and organized program of social, recreational, and nutritional services for frail older persons to enhance their daily functioning and well-being.
- 54) To develop opportunities throughout the community; to match older persons with those opportunities, and arrange for placement in appropriate volunteer positions. (For exclusive use in programs in which the primary function is to place senior volunteers.)
- 55) To identify and locate individuals, and provide information and encouragement about existing services and benefits. These activities are on a one-to-one basis (such as door-to-door contact or special assistance in communications).

Legal Services

- 56) To ensure the rights and entitlements of older persons by providing or securing legal services.
- 57) To provide legal information, advice, counseling, administrative and judicial representation to an individual or to a group, by a member of the California State Bar or by a non-attorney, under the supervision and control of a member of the California State Bar.

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE

A. 1987-88 PROGRESS REPORT (continued)

- 58) To educate or train about seniors' rights, entitlements, and benefits to groups of seniors, their families, community organizations, or significant others (excludes training or program staff or volunteers).

Consumer Services

- 59) To enable older persons to avoid exploitation and to purchase quality goods and services at lower costs.
- 60) To issue a discount card which can be used to reduce the costs of good or services.
- 61) To provide consumer education to groups of seniors (excludes training of program staff or volunteers).
- 62) To provide assistance with the completion of financial forms (including tax forms) or other documents.
- 63) To identify and locate individuals and to provide information and encouragement about existing services and benefits. These activities are on a one-to-one basis (such as door-to-door contact or special assistance in communications).

II. A. 1. Goal Statement: This goal has been the Commission's highest priority for the past three years. The State MIS system is used to project and measure the delivery of ongoing services. In order to meet this goal with limited funding and constantly increasing costs, the COA has worked toward greater efficiencies in direct service program administration.

II. A. 2. Status of Objectives: The COA contracts with 36 community based non-profit organizations and 3 government agencies to provide direct services outlined in the objectives. As detailed in the MIS measures, the COA has been within 10% of stated target levels each year, successfully achieving the objectives. If additional funding can be identified, new objectives to increase senior meals, will be added.

In Fiscal Year 1988-89, objectives may be added in some new categories not currently listed, in that the California Department of Aging is currently updating MIS unit of service definitions. Security and Crime, a service previously provided by the Commission on Aging through one contractor, has been dropped as a unit of service category in that the contractor now collects units of service in the Community Services Category. All Security and Crime services are now provided through the San Francisco Police Department.

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE

A. 1987-88 PROGRESS REPORT (continued)

SYSTEM DEVELOPMENT GOALS AND OBJECTIVES (continued)

II. A. 3. Status of Goal: We have been successful in meeting Goal #1 and the related objectives each year. Based on continuing needs and priorities of the community, and subject to funding levels available in 1988-89, we will continue this goal in 1988-89.

The community needs and priorities here reflect input from the Advisory Council's 1987-1988 Community Meetings, as stated in their Report and Recommendations, included under Appendix II. Resulting changes in the goals and objectives are included under section II, C. 1988-89 OPERATIONAL PLAN UPDATE.

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE

A. 1987-88 PROGRESS REPORT (continued)

SYSTEM DEVELOPMENT GOALS AND OBJECTIVES (continued)

Goal #2

(IP)

To continue to refine and develop the efficiency of the Commission on Aging administrative systems, in order to maximize use of existing resources, through June, 1989.

Objectives, Goal #2

- 64) To develop a comprehensive four-year, 23-page plan for the implementation of a data processing system to automate administrative functions to be approved by the City EISPC Committee by June, 1987.
- 65) To lease and/or purchase data processing equipment including a Wang VS6, CPU, 12 terminals, and two printers, for first phase by June, 1988.
- 66) To develop and provide eight staff training classes on the new system by June, 1988.

II. A. 1. Goal Statement: Efficient administration of the Area Agency on Aging continues to be a major priority goal. Automation of information systems has been crucial, given budget cuts, staff reductions and increased workload of the COA. Success has been demonstrated from year to year in providing advancement towards the accomplishment of the goal.

II. A. 2. Status of Objectives: Objectives 64 and 65 have been completed as of this Fiscal Year, 1987-88. Under Objective 66, due to limited funding available for training, the 8 smaller staff training sessions were combined into 3 large all staff training classes. All COA staff have now been trained on the new equipment and ongoing training will be provided as time and funding permit. New objectives will be added in 1988-89 to further develop efficiency through the expansion of data processing systems in the contract agencies, and through ongoing staff training and development.

II. A. 3. Status of Goal: Goal #2 will be an ongoing priority of the COA, in that maximizing resources is of continuing importance in light of fiscal uncertainties. New objectives will be set for 1988-89 in order to continue efforts towards this important goal.

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE

A. 1987-88 PROGRESS REPORT (continued)

SYSTEM DEVELOPMENT GOALS AND OBJECTIVES (continued)

Goal #3

(IP)

To monitor and provide technical assistance to sub-contracted care providers in order to insure compliance and to maximize use of available resources, through June, 1989.

Objectives, Goal #3

- 67) To visit each of 39 service providers under contract with the COA at least once quarterly through June, 1989.
- 68) To perform annual assessments of program compliance for each of 39 service providers under contract each year through June, 1989.

II. A. 1. Goal Statement: Monitoring and technical assistance to direct service providers through the use of site visitations and annual assessments has proved valuable in addressing greater efficiency in the direct services programs.

II. A. 2. Status of Objectives: Both objectives were completed and achieved the intended result. Given the importance of these objectives they will be continued.

II. A. 3. Status of Goal: While Goal #3 has been completed each year, it retains sufficient value to merit its continuation.

The community needs and priorities here reflect input from the Advisory Council's 1987-1988 Community Meetings, as stated in their Report and Recommendations, included under Appendix II. Resulting changes in the goals and objectives are included under section II. C. 1988-89 OPERATIONAL PLAN UPDATE.

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE

A. 1987-88 PROGRESS REPORT (continued)

SYSTEM DEVELOPMENT GOALS AND OBJECTIVES (continued)

Goal #4

(IP)

To reduce budgeted food costs in the nutrition programs through food cost analysis and bulk purchasing, by June, 1989.

Objectives, Goal #4

- 69) To develop a group purchasing program for non-food supplies for the 15 nutrition contractors by June, 1987.
- 70) To develop a group purchasing program for all food costs for the nutrition contractors by June, 1989.
- 71) To develop inventory systems for all 15 nutrition providers by June, 1987.
- 72) To develop monthly food cost control analysis for all nutrition providers by June, 1989.

II. A. 1. Goal Statement: This ongoing goal is essential for maintaining cost control in the nutrition programs. Limited staff time available for working with the food programs, and constant staff turnover in the nutrition contract agencies makes this goal an ongoing process.

II. A. 2. Status of Objectives: Group purchasing has been implemented for non-food and some food items. Efforts for maintenance and expansion of the group purchasing and inventory control program will continue next year.

II. A. 3. Status of Goal: See II. A. 1., goal will be continued.

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE

A. 1987-88 PROGRESS REPORT (continued)

SYSTEM DEVELOPMENT GOALS AND OBJECTIVES (continued)

Goal #5

(IP)

To develop a comprehensive, cost-effective delivery system of home delivered meals, to serve the frail elderly of San Francisco, through a single entry clearinghouse system of intake and central referral by June, 1989.

Objectives, Goal #5

- 73) To develop a central clearinghouse for all home delivered meals in order to maximize use of available meals city-wide by June, 1987.
- 74) To refine protocols for intake and referral for home delivered meals by June, 1989.

II. A. 1. Goal Statement: Goal #5 has been an important element in local efforts toward the integration of community based long term care services. The development and implementation of the clearing house for home delivered meals has brought together the city-wide perspective on and more efficient delivery of home delivered meals. It has provided a central intake point for referrals; through use of the SEED intake and assessment instrument has provided increased coordination among agencies; and produced useful data on the city-wide system. The more centralized referral system has reduced the waiting list by providing for more timely use of available meals city-wide.

II. A. 2. Status of Objectives: Although the clearing house is now established, its ongoing development and refinement, the continued development of protocols for intake and referral, and ongoing training and marketing of the system will continue to be priority objectives. Additionally, if resources can be identified, expansion of meals services will be an added objective for 1988-89.

II.A.3. Status of Goal: For reasons detailed in II.A.1., Goal #5 will continue to be a priority in light of continuing local efforts to respond to long term care needs.

The community needs and priorities here reflect input from the Advisory Council's 1987-1988 Community Meetings, as stated in their Report and Recommendations, included under Apendix II. Resulting changes in the goals and objectives are included under section II. C. 1988-89 OPERATIONAL PLAN UPDATE.

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE

A. 1987-88 PROGRESS REPORT (continued)

SYSTEM DEVELOPMENT GOALS AND OBJECTIVES (continued)

Goal #6

(N)

(IP)

To coordinate Title III services with other long term care services in San Francisco through June, 1989, in conjunction with the California Department of Aging SEED program, working toward an integrated continuum of community based long term care.

Objectives, Goal #6

- 75) To develop a common intake and assessment instrument with long term care providers by June, 1989 *
- 76) To develop memoranda of understanding between Title III providers and other CDA funded long term care programs for the coordination of services by June, 1989. *
- 77) To develop testing and training on the new intake and assessment instrument by June, 1989. *

II. A. 1. Goal Statement: Goal #6 and related objectives have been instrumental in local efforts to provide an integrated and coordinated approach to community based long term care services. With the leadership and guidance of the California Department of Aging (CDA), the San Francisco SEED Project has been pivotal over the last two years in developing coordination and focus in long term care system building.

II.A. 2. Status of Objectives: The common intake and assessment instrument has been developed in conjunction with CDA. With the CDA funded programs now using the new instruments, new objectives will be added to maintain use of the instruments, provide ongoing testing and training on the use of the instruments, and to expand the use of the instrument to other community based long term care providers outside the CDA program jurisdiction. Additionally, with increasing need identified for long term care service and information, objectives will be added to increase coordination and training with senior and health service providers as well as the general public. If funding can be identified, objectives will also be added to increase nutrition services to long term care service programs. Objectives will also be added to increase coordination and flexibilities needed to further advance toward an integrated system.

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE

A. 1987-88 PROGRESS REPORT (continued)

SYSTEM DEVELOPMENT GOALS AND OBJECTIVES (continued)

II. A. 3. Status of Goal: Given the clear and continuing priority need for a coordinated and integrated community based long term care system, we expect that this goal will continue and be expanded over the next four years.

The community needs and priorities here reflect input from the Advisory Council's 1987-1988 Community Meetings, as stated in their Report and Recommendations, included under Apendix II. Resulting changes in the goals and objectives are included under section II. C. 1988-89 OPERATIONAL PLAN UPDATE.

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE

A. 1987-88 PROGRESS REPORT (continued)

PROGRAM DEVELOPMENT, ADVOCACY AND COORDINATION

Goal #7

(A)

To improve paratransit services for seniors by consolidating all COA transportation contracts with the PUC Paratransit Broker, achieving greater efficiency and cost effectiveness by June, 1989.

Objectives, Goal #7

- 78) To consolidate all transportation programs under the City Public Utilities Commission's Paratransit program by June, 1987.

II.A.1. Goal Statement: The consolidation of transportation under the City's Paratransit program has proved successful in accomplishing Goal #7, and in increasing paratransit in the community.

II.A.2. Status of Objective: Given the continuing and growing need for transportation services as a part of the community based long term care service system, the objective will be revised to include maintenance and ongoing review of the consolidated system to insure maximum efficiency.

II.A. 3. Status of Goal: While the goal of greater efficiency has been achieved, the growing need for transportation services to an increasingly frail population will require continued focus on achieving more efficiency and working towards expansion of services. Thus, Goal #7 will be retained.

The community needs and priorities here reflect input from the Advisory Council's 1987-1988 Community Meetings, as stated in their Report and Recommendations, included under Appendix II. Resulting changes in the goals and objectives are included under section II. C. 1988-89 OPERATIONAL PLAN UPDATE.

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE

A. 1987-88 PROGRESS REPORT (continued)

PROGRAM DEVELOPMENT, ADVOCACY AND COORDINATION(continued)

Goal #8

(IP)

To enable seniors to obtain a variety of legal services and community education at numerous sites in the city in such a manner as to best assist seniors including those with language barriers through June, 1989.

Objective, Goal #8

- 79) To provide legal community education at five neighborhood based sites in the City by June, 1989.
- 80) To develop brochures and educational materials on legal rights and process through June, 1989.

II A. 1. Goal Statement: Local efforts on Goal #8 have been successful in expanding legal services to seniors city-wide. Community education in neighborhood based sites and in languages of targeted populations have resulted in increased legal services to those populations.

II. A. 2. Status of Objectives: While intended results have been achieved, with legal questions and concerns increasing and changing daily, continued focus on the delivery of these important services will be continued on an ongoing basis to reach a broad and diverse population.

II. A. 3. Status of Goal: For reasons stated above, Goal #8 will be retained.

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE

A. 1987-88 PROGRESS REPORT (continued)

PROGRAM DEVELOPMENT, ADVOCACY AND COORDINATION(continued)

Goal #9

(A)

To consolidate all Information and Referral programs into one contract with the Department of Public Health in order to expand resources available to the senior population by June, 1989.

Objective, Goal #9

- 81) To consolidate Information and Referral program into the Department of Public Health's Senior Information Referral and Health Promotion program by June, 1987.

II. A. 1. Goal Statement: The consolidation of the Information and Referral Program (I&R), with the Department of Public Health has been successful in expanding resources available, and has also resulted in providing a keystone in the community based long term care system in San Francisco. The combination of resources of the Department of Public Health and the aging network has proved an invaluable link and point of entry for the coordination and integration of long term care services.

II. A. 2. Status of Objective: Given the success of the objective, maintenance of this important keystone and expansion of its role as an entry point into the community based long term care system will be expanded.

II. A. 3. Status of Goal: Given the continued need for the coordination and integration of long term care services, Goal #9 has been retained. It has increased in value and priority sufficiently to merit its retention and expansion.

The community needs and priorities here reflect input from the Advisory Council's 1987-1988 Community Meetings, as stated in their Report and Recommendations, included under Appendix II. Resulting changes in the goals and objectives are included under section II. C. 1988-89 OPERATIONAL PLAN UPDATE.

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE

A. 1987-88 PROGRESS REPORT (continued)

PROGRAM DEVELOPMENT, ADVOCACY AND COORDINATION(continued)

Goal #10

(IP)

To consolidate interagency City contracts for senior services which have been previously co-funded by different departments in order to simplify reporting requirements and provide consistent direction by June, 1989.

Objective, Goal #10

- 82) To consolidate contracts with four other city departments (Public Health, Recreation and Parks, Social Services and the Public Utilities Commission) with written memoranda of understanding to maximize efficiency and clarify mutual objectives by June, 1987.

II. A. 1. Goal Statement: Goal #10 has been successful in coordinating the co-funded city services, resulting in simplified systems and requirements.

II. A. 2. Status of Objective: The contracts have been consolidated and maintenance of them will continue to be an objective.

II. A. 3. Status of Goal: Given the success of the consolidated contracts, and the continuing need to maximize efficiency due to funding restraints, this goal will be retained.

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE

A. 1987-88 PROGRESS REPORT (continued)

PROGRAM DEVELOPMENT, ADVOCACY AND COORDINATION(continued)

Goal #11

(IP)

To prepare a four-year area plan for senior services by June 30, 1989.

Objectives, Goal #11

- 83) To hold six public hearings under the sponsorship of the Advisory Council to the Commission on the Aging to determine need by June, 1989.
- 84) To analyze available data in order to assess needs and objectives by June, 1989.

II. A. 1. Goal Statement: The new four year planning process is a top priority of the COA for 1988-89.

II. A. 2. Status of Objectives: Local efforts will be developed in conjunction with CDA Area Plan Guidance.

II. A. 3. Status of Goal: To be implemented in 1988-89.

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE

A. 1987-88 PROGRESS REPORT (continued)

PROGRAM DEVELOPMENT, ADVOCACY AND COORDINATION(continued)

Goal #12

(A)

To develop a City Interagency Task Force on Aging with the departments of Aging, Health, Social Services and Housing Authority by June, 1989.

Objective, Goal #12

- 85) To develop, where appropriate, a coordinated grant applications approach with City Departments in the field of aging by June, 1989.

II. A. 1. Goal Statement: The City Interagency Task Force has been developed, and meets on a monthly basis to discuss planning and policy issues of mutual concern to the departments. This effort has proved to be extremely successful in developing inter-department coordination on long term care programs.

II. A. 2. Status of Objective: The SEED Project, an achievement related to the objective, has been a major success of the interagency cooperation.

II. A. 3. Status of Goal: This goal continues to retain its value and priority in light of the continuing focus on coordination of services. It will be continued and expanded over the next four years as we hope to combine planning and program development where possible.

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE

A. 1987-88 PROGRESS REPORT (continued)

PROGRAM DEVELOPMENT, ADVOCACY AND COORDINATION(continued)

Goal #13

(A)

To develop an elder abuse reporting system in San Francisco by June, 1989.

Objectives, Goal #13

- 86) To develop and implement city-wide elder abuse reporting protocols by June, 1987.
- 87) To maintain telephone coverage from 8:00 AM to 5:00 PM, five days a week, for Elder Abuse Reporting by June, 1989.
- 88) To notify appropriate licensing agencies, local law enforcement agencies and other organizations and facilities which serve elderly people, about all current Elder Abuse reporting requirements through June, 1989.

II. A. 1. Goal Statement: The area agency has been successful in meeting this goal. Elder abuse reporting has always been a part of the local Ombudsman reporting system. However in the past two years the numbers of reports received and the numbers of sources of complaints have increase dramatically. In March and April of 1986, fewer than five reports of abuse were received. In March and April of 1988, 33 reports were received and verified.

II. A. 2. Status of Objectives: The LTC Ombudsman program has used their own form to register elder abuse complaints for a number of years. As of April 1987, they began using the revised CDA 341 form and the monthly tally sheets in September of 1987. The Family Service LTC Ombudsman office is opened from 9:00 AM until 5:00 PM Monday through Friday. All calls which are placed to the Ombudsman number after office hours receive a tape recorded message referring callers to the State Ombudsman Crisis Line. The LTC Ombudsman program is a member of the active San Francisco Elder Abuse Consortium. This group which meets monthly, is made up of all agencies in San Francisco which provide elder abuse services or who regularly refer clients to elderly abuse service providers. In addition, the LTC Ombudsman staff provide inservice training, outreach and community education to groups and agencies which offer services to all age levels in the City. They also meet and confer regularly with the Medical Fraud Unit of the Department of Justice, District Attorney, San Francisco Police Department and the State LTC licensing office.

II. A. 3. Status of Goal: Goals and objectives have been achieved and should continue to be priority of the COA. This important program and related goals and objectives will be maintained.

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE

A. 1987-88 PROGRESS REPORT (continued)

PROGRAM DEVELOPMENT, ADVOCACY AND COORDINATION(continued)

Goal #14

(N)

To maintain current and develop additional Alzheimer's Services through June, 1989.

Objectives, Goal #14

- 89) To maintain the Social Day Care/Alzheimer's program currently under contract through June, 1989.
- 90) To develop social day care programs in existing senior program facilities which may include clients with Alzheimer's disease through June, 1989.

II. A. 1. Goal Statement: The provision of services to clients with Alzheimer's disease continues to be an important long term care priority.

II. A. 2. Status of Objectives: The objectives have been successful in maintaining services to this population in San Francisco.

II. A. 3. Status of Goal: As a priority service, goal will be retained.

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE

A. 1987-88 PROGRESS REPORT (continued)

PROGRAM DEVELOPMENT, ADVOCACY AND COORDINATION(continued)

Goal #15

(N)

To maintain current and develop enhanced services to San Francisco's institutionalized elderly.

Objectives, Goal #15

- 91) To provide Local Parking Tax Funds to supplement the State Ombudsman program through June, 1989.
- 92) To provide Title III B Services through contracting to the institutionalized elderly through June, 1989.
- 93) To provide for transportation and meals for institutionalized elderly through June, 1989
- 94) To provide special programming incorporating residential board and care home seniors in Social Day Care Programs through June, 1989.
- 95) To incorporate representatives of board and care homes in planning for SEED through June, 1989.

II. A. 1. Goal Statement: Provision of services to institutionalized elderly has always been a priority of the COA. The objectives have been successful in advancing toward the goal of enhanced services to this special population.

II. A. 2. Status of Objectives: All objectives were achieved and new objectives will maintain and increase these services if funds can be identified.

II. A. 3. Status of Goal: The goal continues to be priority and will be retained.

II. STATUS REPORT AND OPERATIONAL PLAN UPDATE

B. ONE TIME ONLY FUNDS

The Commission on Aging originally submitted a proposal for \$250,000 for One Time Only funding for equipment to automate the COA contract reporting systems. The request included money for computer equipment and software for all the COA contractors and for the required upgrade for the COA system to accommodate all fiscal and management information systems reporting.

The COA was granted \$41,250 in the One Time Only Funding. In an effort to evaluate priority needs, the COA surveyed our contractors to determine the best use of the funding available. The results of the survey indicated that of those contractors who now own and use computer equipment, most have IBM or IBM compatible equipment. It was staff's opinion therefore that the most effective use of the available funding would be to buy IBM compatible equipment for those contractors who do not presently have IBM. This would allow for a start up of a system wide reporting mechanism and would place computer capability where there presently is none.

Our priorities for placement of equipment and software are as follows:

1. Agencies which currently have no computer equipment.
2. Agencies which may have some equipment, but which is not IBM compatible. As funding permits, the available equipment will be placed in order of the size and complexity of the contract, with large and more complicated agencies receiving the equipment as a higher priority.
3. Spreadsheet/reporting software will be provided to agencies which currently do not own such.
4. Modems for information transmittal will be purchased for all agencies for reporting to the COA through the computers.

A final selection of vendor has not been made, however the following is a list of the proposed equipment to be purchased with the OTO Funds.:

17	Leading Edge Model D XT, 30 MB Harddisk, and Word Processing Software.	@\$1,099	\$18,683
17	Epson LQ1050 Dot Matrix Printer . . .	@ 760	12,920
17	Printer Cables	@ 5	85
40	Everex 300/1200B Modem	@ 78	3,120
20	Electronic Spreadsheet	@ 125	2,500
	Sales Tax		2,425
	Subtotal		\$39,733
	Supplies		\$ 1,517
	TOTAL		\$41,250

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE

C. 1988-89 OPERATIONAL PLAN UPDATE

1. GOALS AND ANNUAL OBJECTIVES

- * San Francisco has been designated by the California Department of Aging as a SEED community. The San Francisco Commission on the Aging is the lead agency for the SEED Community Long Term Care Project for San Francisco. All objectives for FY 1988-89 have been developed in conjunction with this designation.

a. System Development Plan

Goal #1

To maintain essential public services currently provided to the elderly of San Francisco, each year through June, 1989.

Objectives - Goal #1

Information and Referral

- 1) To give information about resources, programs and services. (Does not attempt to facilitate appointments or other arrangements between the client and the service provider and does not represent agency receptionist activity.)
- 2) To provide arrangements and appointments to link clients with appropriate community services.
- 3) To determine the quality of effectiveness of service provided to a client.

Ombudsman

- 4) To ensure the rights and entitlements of older persons in long term care facilities by investigating and resolving complaints and initiating corrective action where necessary.
- 5) Activities related to receiving, analyzing, researching, observing, interviewing or verifying a complaint; activities related to intervention in a complaint on behalf of a client using skills and techniques such as advocacy, facilitation, conciliation, mediation, negotiation, representation, referral, follow-up or education.

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE

C. 1988-89 OPERATIONAL PLAN UPDATE (continued)

Goal #1 (continued)

- 6) To educate groups of older persons, their families, significant others, community organizations, or facility staff, about seniors' rights, benefits and entitlements (exclude training of program staff or volunteers).

Case Management

- 7) To enable functionally impaired older persons to obtain services which promote and maintain their optimum level of functioning in the least restrictive setting possible.
- 8) To collect necessary psycho-social and health information about a client in order to develop a care plan.
- 9) To write an individualized plan of care and services under a case management system based on a comprehensive assessment of the client's condition and/or resources.
- 10) To obtain services according to an individualized care plan by coordinating existing services authorization for payment for services, or purchase of services.
- 11) To determine quality and effectiveness of services provided to a client according to an individualized care plan; to maintain periodic client contact to determine if change has occurred; and to take appropriate action as necessary.
- 12) To identify and locate individuals and to provide information and encouragement about existing services and benefits. These activities are on a one-to-one basis (such as door-to-door contact or special assistance in communications).

Housing

- 13) To assist older persons to locate or maintain adequate housing.

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE

C. 1988-89 OPERATIONAL PLAN UPDATE (continued)

Goal #1 (continued)

- 14) To assist a person to obtain suitable living arrangements (includes counseling and assessment as necessary).
- 15) To provide arrangements and appointments to link clients with appropriate community services. (May not be provided without Evaluation/Follow-up.)
- 16) To determine the quality and effectiveness of service provided to a client.
- 17) To identify and locate individuals and to provide information and encouragement about existing services and benefits. These activities are on a one-to-one basis (such as door-to-door contact or special assistance in communications).

Congregate Nutrition

- 18) To maintain or improve the physical and social well-being of older persons through appropriate nutrition services.
- 19) To provide one meal which assures a minimum of one-third of the current Recommended Dietary Allowances (established by the Food and Nutrition Board, National Research Council).
- 20) To provide regularly scheduled programs which conform to the requirements of Section H, Nutrition Services of the Title III Program Manual, which are planned, approved and coordinated by a qualified Dietitian/Nutritionist. These programs may include demonstrations, audio-visual presentations, lectures, or small group discussions.
- 21) To provide ethnic meals where applicable.
- 22) To expand congregate meal services if resources are available.

Home Delivered Nutrition

- 23) To maintain or improve the physical and social well-being of older persons through appropriate nutrition services.

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE

C. 1988-89 OPERATIONAL PLAN UPDATE (continued)

Goal #1 (continued)

- 24) To provide one meal that assures a minimum of one-third of the current Recommended Dietary Allowances (established by the Food and Nutrition Board, National Research Council).
- 25) To provide individual dietary evaluation counseling which relates to normal or therapeutic nutritional needs and which is performed by a Dietitian/Nutritionist. Nutrition counseling may be made either in person or by phone.
- 26) To provide ethnic and special diet meals where applicable.
- 27) To expand home delivered meal services if resources are available.

In-Home Services

- 28) To assist functionally impaired older persons to remain in their homes.
- 29) To provide periodic maintenance for a household such as heavy cleaning, washing windows, trimming trees and mowing lawns.
- 30) To provide light routine maintenance of a household, including such support as dusting, vacuuming, laundry, meal preparation or shopping.
- 31) To assist clients with routine care of a personal nature such as bathing, dressing, personal appearance, feeding and general hygiene.
- 32) To phone a client to provide reassurance and comfort.
- 33) To visit a client to provide reassurance and comfort.

Health

- 34) To maintain or improve the physical health of older persons.

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE

C. 1988-89 OPERATIONAL PLAN UPDATE (continued)

Goal #1 (continued)

- 35) To provide a brief examination to determine need for more in-depth medical evaluation and referral when appropriate.
- 36) To impart knowledge, provide information, or instructions on health topics in a group setting (excludes training of program staff or volunteers).
- 37) To collect necessary information about a client to determine need and/or eligibility for a service and recommend action to remedy the problem identified. (Must include the function of Referral and Evaluation/Follow-up.)
- 38) To conduct activities, under qualified supervision, to sustain and improve the health and well-being of a client, such as exercise sessions.
- 39) To provide treatment of a specific physical problem by a health professional, or an allied health professional as permitted by law.
- 40) To identify and locate individuals and to provide information and encouragement about existing services and benefits. These activities are on a one-to-one basis (such as door-to-door contact special assistance in communications).

Mental Health

- 41) To maintain or improve the mental health of older persons.
- 42) To collect necessary information about a client to determine need and/or eligibility for a service and recommend action to remedy the problem identified. (Must include the function of Referral and Evaluation/Follow-up.)
- 43) To provide therapeutic counseling for a specific psychological problem by a health professional as permitted by law.
- 44) To provide arrangements and appointments to link clients with appropriate community services. (May not be provided without Evaluation/Follow-up.)

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE

C. 1988-89 OPERATIONAL PLAN UPDATE (continued)

Goal #1 (continued)

- 45) To determine the quality and effectiveness of service provided to a client.
- 46) To provide knowledge to groups of seniors to enhance their self-understanding and to develop techniques for coping with daily living.

Transportation

- 47) To secure or provide transportation to assist older persons in obtaining essential services.
- 48) To take a client from one location to another.
- 49) To provide aid in the form of travel vouchers/transit passes.

Community Services

- 50) To maintain or improve the well-being of older persons through the provision of necessary services in the community.
- 51) To arrange for the provision of supportive services by community resources.
- 52) To provide aid in the form of money or goods (excludes travel vouchers/transit passes and reimbursement for out-of-pocket expenses by staff or volunteers).
- 53) To provide for organized art or recreational activities for creative expression or socialization (includes athletic completion).
- 54) To provide a supervised and organized program of social, recreational, and nutritional services for frail older persons to enhance their daily functioning and well-being.
- 55) To develop opportunities throughout the community; to match older persons with those opportunities, and arrange for placement in appropriate volunteer positions. (For exclusive use in programs in which the primary function is to place senior volunteers.)

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE

C. 1988-89 OPERATIONAL PLAN UPDATE (continued)

Goal #1 (continued)

- 56) To identify and locate individuals, and provide information and encouragement about existing services and benefits. These activities are on a one-to-one basis (such as door-to-door contact or special assistance in communications).

Legal Services

- 57) To ensure the rights and entitlements of older persons by providing or securing legal services.
- 58) To provide legal information, advice, counseling, administrative and judicial representation to an individual or to a group, by a member of the California State Bar or by a non-attorney, under the supervision and control of a member of the California State Bar.
- 59) To educate or train about seniors' rights, entitlements, and benefits to groups of seniors, their families, community organizations, or significant others (excludes training of program staff or volunteers).

Consumer Services

- 60) To enable older persons to avoid exploitation and to purchase quality goods and services at lower costs.
- 61) To issue a discount card which can be used to reduce the costs of good or services.
- 62) To provide consumer education to groups of seniors (excludes training of program staff or volunteers).
- 63) To provide assistance with the completion of financial forms (including tax forms) or other documents.
- 64) To identify and locate individuals and to provide information and encouragement about existing services and benefits. These activities are on a one-to-one basis (such as door-to-door contact or special assistance in communications).

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE

C. 1988-89 OPERATIONAL PLAN UPDATE (continued)

Goal #1 (continued)

Continuation and expansion of Goal #1 reflect the priorities and recommendations of the Advisory Council, as indicated in the "Report and Recommendations ... Concerning the 1987 Advisory Council Community Meetings", September 1987.

Objectives 21,22,26, and 27 have been added, based on the Advisory Council Recommendations, and on documented need.

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE

C. 1988-89 OPERATIONAL PLAN UPDATE (continued)

1. GOALS AND ANNUAL OBJECTIVES

a. System Development Plan (continued)

Goal #2

To continue to refine and develop the efficiency of the Commission on Aging administrative systems, in order to maximize use of existing resources, through June, 1989.

Objectives, Goal #2

- 65) To develop a COA computer network linking contractors with the COA through the use of mini computers furnished by the COA by June, 1989.
- 66) To develop a COA computer users group for the purpose of establishing a forum to discuss common concerns relative to the electronic information system by June, 1989.
- 67) To develop policies and procedures relative to the operation of the electronic information system by June, 1989.
- 68) To continue staff training and development in data processing applications to strengthen administrative systems.

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE

C. 1988-89 OPERATIONAL PLAN UPDATE (continued)

1. GOALS AND ANNUAL OBJECTIVES

a. System Development Plan (continued)

Goal #3

To monitor and provide technical assistance to sub-contracted care providers in order to insure compliance and to maximize use of available resources, through June, 1989.

Objectives, Goal #3

- 69) To visit each of 39 service providers under contract with the COA at least once quarterly through June, 1989.
- 70) To perform annual assessments of program compliance for each of 39 service providers under contract each year through June, 1989.

Continuation of Goal #3 reflects the priorities and recommendations of the Advisory Council, as indicated in the "Report and Recommendations ... Concerning the 1987 Advisory Council Community Meetings", September 1987.

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE

C. 1988-89 OPERATIONAL PLAN UPDATE (continued)

1. GOALS AND ANNUAL OBJECTIVES

a. System Development Plan (continued)

Goal #4

To reduce budgeted food costs in the nutrition programs through food cost analysis and bulk purchasing, by June, 1989.

Objectives, Goal #4

- 71) To support and maintain the group purchasing program for non-food supplies for the 15 nutrition contractors by June, 1989.
- 72) To develop a group purchasing program for all food costs for the nutrition contractors by June, 1989.
- 73) To develop and maintain inventory systems for all 15 nutrition providers by June, 1989.
- 74) To develop and maintain monthly food cost control analysis for all nutrition providers by June, 1989.

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE

C. 1988-89 OPERATIONAL PLAN UPDATE (continued)

1. GOALS AND ANNUAL OBJECTIVES

a. System Development Plan (continued)

Goal #5

To develop a comprehensive, cost-effective delivery system of home delivered meals, to serve the frail elderly of San Francisco, through a single entry clearinghouse system of intake and central referral by June, 1989.

Objectives, Goal #5

- 75) To maintain a central clearinghouse for all home delivered meals in order to maximize use of available meals city-wide by June, 1989.
- 76) To refine protocols for intake and referral for home delivered meals by June, 1989.
- 77) To continue training and marketing of the clearinghouse system through June, 1989.
- 78) To expand home delivered meal services if resources are available by June, 1989.

Continuation and expansion of Goal #5 (new objectives #77 and 78) reflect the priorities and recommendations of the Advisory Council, as indicated in the "Report and Recommendations ... Concerning the 1987 Advisory Council Community Meetings", September 1987.

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE

C. 1988-89 OPERATIONAL PLAN UPDATE (continued)

1. GOALS AND ANNUAL OBJECTIVES

a. System Development Plan (continued)

Goal #6

To coordinate Title III services with other long term care services in San Francisco through June, 1989, in conjunction with the California Department of Aging SEED program, working toward an integrated continuum of community based long term care.

Objectives, Goal #6

- 79) To utilize a common intake and assessment instrument with long term care providers by June, 1989
- 80) To develop memoranda of understanding between Title III providers and other CDA funded long term care programs for the coordination of services by June, 1989.
- 81) To develop testing and training on the new intake and assessment instrument by June, 1989.
- 82) To provide Community Based Long Term Care training for service providers and the general public by June, 1989.
- 83) To expand use of the intake and assessment instrument (or parts of them) to community based long term care programs outside of the CDA programs, e.g. IHSS, discharge planners.
- 84) To develop memoranda of understanding and continue training between Title III providers and primary care facilities for the coordination of services by June, 1989.
- 85) To provide congregate meal services to Adult Day Health Care Centers as resources allow by June, 1989.
- 86) To provide congregate meal services to Adult Social Day Care Centers as resources allow by June, 1989.
- 87) To provide congregate meal services to Alzheimer's Day Care programs as resources allow by June, 1989.

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE

C. 1988-89 OPERATIONAL PLAN UPDATE (continued)

Goal #6 (continued)

Objectives, Goal #6 (continued)

- 88) To develop with the Department of Public Health and other community based long term care providers a plan to provide for a Preventive Health Care for the Aging program by June, 1989.
- 89) To work with CDA and service providers to increase access to Case Management services by broadening the definition of those eligible for these services to include individuals with significant language barriers, individuals who may be chronically ill but without physical or obvious handicaps, and individuals who suffer from mental impairment or substance abuse by June, 1989.
- 90) To work with CDA and service providers to simplify the reporting requirements for Title III and state funded case management programs by June, 1989.
- 91) To work with CDA and service providers to develop and utilize standardized reporting requirements for Title III and state funded case management programs by June, 1989.
- 92) To work with CDA and service providers to develop flexibility in staff requirements of various community based long term care programs (i.e. ADHC, ASDC, ADCRC, etc..) by June, 1989.

Continuation and expansion of Goal #6 (new objectives #82 - 92) reflect the priorities and recommendations of the Advisory Council, as indicated in the "Report and Recommendations ... Concerning the 1987 Advisory Council Community Meetings", September 1987.

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE

C. 1988-89 OPERATIONAL PLAN UPDATE (continued)

1. GOALS AND ANNUAL OBJECTIVES

a. Program Development, Advocacy, and Coordination Plan

Goal #7

To improve paratransit services for seniors by consolidating all COA transportation contracts with the PUC Paratransit Broker, achieving greater efficiency and cost effectiveness by June, 1989.

Objectives, Goal #7

- 93) To maintain and review all transportation programs under the City Public Utilities Commission's Paratransit program by June, 1989.

Continuation and expansion of Goal #7 reflect the priorities and recommendations of the Advisory Council, as indicated in the "Report and Recommendations ... Concerning the 1987 Advisory Council Community Meetings", September 1987.

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE

C. 1988-89 OPERATIONAL PLAN UPDATE (continued)

1. GOALS AND ANNUAL OBJECTIVES

a. Program Development, Advocacy, and Coordination Plan
(continued)

Goal #8

To enable seniors to obtain a variety of legal services and community education at numerous sites in the city in such a manner as to best assist seniors including those with language barriers through June, 1989.

Objective, Goal #8

- 94) To provide legal services and community education at a minimum of five neighborhood based sites in the City by June, 1989.
- 95) To develop brochures and educational materials on legal rights and process through June, 1989.
- 96) To assure that community education, brochures and educational materials, and legal services will be presented and/or available in at least Spanish, Tagalog, Chinese, Japanese and Korean.

Continuation and expansion of Goal #8 (new objective #96) reflect the priorities and recommendations of the Advisory Council, as indicated in the "Report and Recommendations ... Concerning the 1987 Advisory Council Community Meetings", September 1987.

C. 1988-89 OPERATIONAL PLAN UPDATE (continued)

1. GOALS AND ANNUAL OBJECTIVES

a. Program Development, Advocacy, and Coordination Plan
(continued)

Goal #9

To consolidate all Information and Referral programs into one contract with the Department of Public Health in order to expand resources available to the senior population by June, 1989.

Objective, Goal #9

- 97) To maintain the Department of Public Health's Senior Information, Referral and Health Promotion program by June, 1989.
- 98) To increase knowledge of the Senior Information, Referral and Health Promotion program as a point of entry into the community based long term care system by June, 1989.

Continuation and expansion of Goal #9 (new objective #98) reflect the priorities and recommendations of the Advisory Council, as indicated in the "Report and Recommendations ... Concerning the 1987 Advisory Council Community Meetings", September 1987.

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE

C. 1988-89 OPERATIONAL PLAN UPDATE (continued)

1. GOALS AND ANNUAL OBJECTIVES

a. Program Development, Advocacy, and Coordination Plan
(continued)

Goal #10

To consolidate interagency City contracts for senior services which have been previously co-funded by different departments in order to simplify reporting requirements and provide consistent direction by June, 1989.

Objective, Goal #10

- 99) To maintain contracts with four other city departments (Public Health, Recreation and Parks, Social Services and the Public Utilities Commission) with written memoranda of understanding to maximize efficiency and clarify mutual objectives by June, 1989.

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE

C. 1988-89 OPERATIONAL PLAN UPDATE (continued)

1. GOALS AND ANNUAL OBJECTIVES

a. Program Development, Advocacy, and Coordination Plan
(continued)

Goal #11

To prepare a four-year area plan for senior services by
June 30, 1989.

Objectives, Goal #11

- 100) To hold six public hearings under the sponsorship of the Advisory Council to the Commission on the Aging to determine need by June, 1989.
- 101) To analyze available data in order to assess needs and objectives by June, 1989.

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE

C. 1988-89 OPERATIONAL PLAN UPDATE (continued)

1. GOALS AND ANNUAL OBJECTIVES

- a. Program Development, Advocacy, and Coordination Plan
(continued)

Goal #12

To develop a City Interagency Task Force on Aging with the
departments of Aging, Health, Social Services and Housing
Authority by June, 1989.

Objective, Goal #12

- 102) To develop, where appropriate, a coordinated grant
applications approach with City Departments in the
field of aging by June, 1989.
- 103) To maintain the formal structure and meetings of
the City Interagency Task Force by June, 1989.

C. 1988-89 OPERATIONAL PLAN UPDATE (continued)

1. GOALS AND ANNUAL OBJECTIVES

- a. Program Development, Advocacy, and Coordination Plan
(continued)

Goal #13

To develop an elder abuse reporting system in San Francisco
by June, 1989.

Objectives, Goal #13

- 104) To develop, implement and maintain city-wide elder abuse reporting protocols by June, 1989.
- 105) To maintain telephone coverage from 8:00 AM to 5:00 PM, five days a week, for Elder Abuse Reporting by June, 1989.
- 106) To notify agencies under contract to the Commission on the Aging, local law enforcement agencies and other organizations and facilities which serve elderly people, about all current Elder Abuse reporting requirements through June, 1989.
- 107) To establish a working relationship with the San Francisco Elder Abuse Consortium by June, 1989.

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE

C. 1988-89 OPERATIONAL PLAN UPDATE (continued)

1. GOALS AND ANNUAL OBJECTIVES

- a. Program Development, Advocacy, and Coordination Plan
(continued)

Goal #14

To maintain current and develop additional Alzheimer's
Services through June, 1989.

Objectives, Goal #14

- 108) To maintain the Alzheimer's program currently under contract with the Commission on the Aging through June, 1989.
- 109) To develop social day care programs in existing senior program facilities which may include clients with Alzheimer's disease through June, 1989.

C. 1988-89 OPERATIONAL PLAN UPDATE (continued)

1. GOALS AND ANNUAL OBJECTIVES

- a. Program Development, Advocacy, and Coordination Plan
(continued)

Goal #15

To maintain current and develop enhanced services to San Francisco's institutionalized elderly.

Objectives, Goal #15

- 110) To provide Local Parking Tax Funds to supplement the State Ombudsman program through June, 1989.
- 111) To provide Title III B Services through contracted services targeted to the institutionalized elderly through June, 1989.
- 112) To provide for transportation and meals for institutionalized elderly through June, 1989.
- 113) To provide special programming incorporating residential board and care home seniors in Social Day Care Programs through June, 1989.
- 114) To incorporate representatives of board and care homes in planning for SEED through June, 1989.

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE

C. 1988-89 OPERATIONAL PLAN UPDATE (continued)

1. GOALS AND ANNUAL OBJECTIVES

- a. Program Development, Advocacy, and Coordination Plan
(continued)

Goal #16

To maintain current and develop enhanced services to San Francisco's Native American Indian population.

Objectives, Goal #15

- 115) To fund at least one contractor to provide congregate and home delivered nutrition services and community services which are specifically targeted to Native American Indians by July 1, 1989.
- 116) To provide technical assistance to the contractor to increase Native American Indian participation in Title III programs by June, 1989.
- 117) To provide access to community based long term care services to the Native American Indian population through community education efforts targeted to both service providers and Native American Indians by June, 1989.

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE

C. 1988-89 OPERATIONAL PLAN UPDATE (continued)

1. GOALS AND ANNUAL OBJECTIVES

a. Program Development, Advocacy, and Coordination Plan
(continued)

Goal #17

To comply with the new Older Americans Act Title III D - In Home Supportive Services program.

Objectives, Goal #17

- 118) To implement the Title III D - In Home Supportive Services program in accordance with the policies and guidelines developed by CDA by June, 1989.
- 119) To develop and maintain working relationships with agencies providing in home supportive services in San Francisco who are not directly funded for such services by the Commission on the Aging by June, 1989.

Goal #17 and related objectives, reflect both the priorities and recommendations of the Advisory Council, as indicated in the "Report and Recommendations ... Concerning the 1987 Advisory Council Community Meetings", September 1987, and the Title IIID In-Home Supportive Services provision in the reauthorization of the Older American's Act.

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE
 C. 1988-89 OPERATIONAL PLAN UPDATE
 2. Grant Allocation Plan

In the far right column, project the funds estimated to be expended for Supportive and Nutrition Services. Separate funds into those that will be used to provide services directly and those that will be contracted with local service providers. Section a. tracks 18 programs defined in the Management Information System (MIS) Manual as Title IIIB Supportive Services Programs. Please indicate the units of service by activity to be provided with federal and State funds. In Section b. Title IIIC Nutrition Services Programs, please indicate the units of service by activity to be provided with federal and State funds and projected local, project income and USDA funds. In Section c. Title IIID In-Home Services for Frail Older Individuals Program, please indicate the units of service by activity to be provided with federal and State funds.

NOTE: (*) identifies units of service that are required for each MIS program.

a. TITLE IIIB SUPPORTIVE SERVICES

MIS PROGRAM	UNITS OF SERVICE BY ACTIVITY (TOTAL UNITS-FEDERAL AND STATE FUNDS)	PROJECTED FUNDS D=DIRECT C=CONTRACT
		DOLLARS
Information & Referral	18,000 Information*	D \$
	11,650 Referral and*	
	11,650 Evaluation/Follow-up*	C \$ 171,597
	Outreach	
	450 Comprehensive Assessment	Total \$ 171,597
Ombudsman	5 700 Complaint/Abuse Investigation	D \$ 130,046
	& Facility Monitoring	
	240 Community education	Total \$ 130,046
Case Management	3,460 Compr. Assessment	D \$
	3,209 Care Planning*	
	4,270 Service Authorization	C \$ 252,577
	or Arrangement*	
	4,708 Case Monitoring*	Total \$ 252,577
	Outreach	
Housing	212 Placement*	D \$
	Repairs/Maintenance	
	Renovations*	C \$ 46,069
	600 Referral and	
	900 Evaluation/Follow-up	
	Outreach	Total \$ 46,069

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE
C. 1988-89 OPERATIONAL PLAN UPDATE
2. Grant Allocation Plan

Security/Crime	_____	Security/Safety Devices*	D	\$	_____
	_____	Escort*			
	_____	Education/Training	C	\$	- 0 -
	_____	Referral and*			
	_____	Evaluation/Follow-up			
	_____	Outreach	Total	\$	- 0 -

In-Home Services...Please see new Section II.C.2.c., Title IIID, p.83

_____	Chore*	D	\$	_____
_____	Housekeeping/Homemaking*			
_____	Personal Care*	C	\$	_____
_____	Telephoning*			
_____	Visiting*			
_____	In-Home Service Registry*			
_____	Outreach	Total	\$	_____

Health	<u>1,500</u>	Health Screening*	D	\$	_____
	_____	Hospice*			
	_____	Education/Training*	C	\$	33,722
	_____	Comp. Assessment*			
	_____	Physical Fitness			
	_____	Therapy			
	_____	Outreach	Total	\$	33,722

Mental Health	<u>97</u>	Comp. Assessment*	D	\$	_____
	<u>144</u>	Therapy*			
	<u>300</u>	Referral and*	C	\$	33,020
	<u>300</u>	Evaluation/Follow-up*			
	<u>252</u>	Education Training			
	_____	Outreach	Total	\$	33,020

Adult Day	_____	Staffing Costs*	D	\$	_____
Health Care	_____	Day of Attendance*			
	_____	(Excluding Medi-Cal	C	\$	_____
*see note	_____	Participants)			
	_____	Transportation			
	_____	Repairs/Revonation*			
	_____	Outreach	Total	\$	_____

Adult Social	_____	Day of Attendance*	D	\$	_____
Day Care	_____	Equipment*			
	_____	Transportation*	C	\$	_____
see note	_____	Staffing Cost			
	_____	Repair/Renovation*	Total	\$	_____

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE

C. 1988-89 OPERATIONAL PLAN UPDATE

2. Grant Allocation Plan (CONT.)

Adult Day Care	_____	Day of Attendance*	D	\$ _____
	_____	Equipment*		
see note	_____	Transportation	C	\$ _____
	_____	Staffing Cost*		
	_____	Repair/Renovation*	Total	\$ _____

Respite	_____	Referral to In-Home or Out-of-home Respite Care Services*	D	\$ _____
	_____	Purchase in-home and/or out-of-home Respite Care Services*	C	\$ _____
	_____	Direct provision of in-home and/or out-of-home Respite Care Services*		
	_____	Respite Care Training*		
	_____	Caregiver Support Group*		
	_____	Community Education*		
	_____	Outreach*		
	_____	Volunteer Opportunity*		
	_____	Information*	Total	\$ _____

Alzheimer's Day Care Resource Center	_____	Day of Attendance*	D	\$ _____
	<u>2,417</u>	Training/Education*		
	_____	Family Support*	C	\$ <u>23,277</u>
	_____	Equipment		
	_____	Transportation		
	_____	Repair/Renovation*	Total	\$ <u>23,277</u>

Transportation	<u>64,952</u>	Transportation*	D	\$ _____
	_____	Escort*		
	_____	Income Support/Material Aid*	C	\$ <u>357,365</u>
	_____	Outreach	Total	\$ <u>357,365</u>

Community Services	<u>80,733</u>	Activity Scheduling*	D	\$ _____
	<u>111,770</u>	Income Support/Material Aid*		
	<u>6,682</u>	Translation*	C	\$ <u>1,997,690</u>
see note	<u>1,312</u>	Volunteer Opportunities		
	_____	Outreach*	Total	\$ <u>1,997,690</u>

Legal Assistance	<u>16,882</u>	Legal Assistance*	D	\$ _____
	<u>2,227</u>	Education/Training*	C	\$ <u>490,185</u>
			Total	\$ <u>490,185</u>

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE
 C. 1988-89 OPERATIONAL PLAN UPDATE
 2. Grant Allocation Plan (CONT.)

Employment/	_____	Placement*	D	\$ _____
Second Career	_____	Education Training*		
	_____	Forms Completion*	C	\$ _____
	_____	Outreach	Total	\$ _____
Consumer	<u>39,462</u>	Discount*	D	\$ _____
Services	<u>460</u>	Education Training*		
	<u>5,925</u>	Forms Completion*	C	\$ <u>259,417</u>
	_____	Outreach	Total	\$ <u>259,417</u>

*note Meals are provided to Adult Day Health and Social Day Care programs through the Congregate Nutrition program. Special services/MIS units of service to the frail elderly, originally perceived as social day care services, have been changed to the Community Services Program category due to State guidelines requiring that Social Day Care and Adult Day Care units of service be collected in only licensed SDC and ADC facilities.

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE
 C. 1988-89 OPERATIONAL PLAN UPDATE
 2. Grant Allocation Plan (CONT.)

b. NUTRITION SERVICES

PROGRAM	Units of Service by Activity All sources of funds -- federal, State, local, program income and USDA funds.	Projected Total Funds
Congregate Nutrition	1,268,846 Meals* 1,140 Nutrition Education* Nutrition Counseling Outreach Transportation with Project Income \$	<u>DIRECT SERVICES</u> Federal \$ State \$ Local Match \$ Program Income \$ USDA \$ TOTAL DIRECT \$
		<u>CONTRACTED SERVICES</u> Federal \$1,288,875 State \$243,992 Local Match \$2,139,424 Program Income \$ USDA \$720,197 Total Contracted \$ TOTAL CONTRACTED/DIRECTED \$4,392,488
Home Delivered Meals	524,749 Meals* 300 Nutrition Education* Nutrition Counseling Outreach Transportation with Project Income \$	<u>DIRECT SERVICES</u> Federal \$ State \$ Local Match \$ Program Income \$ USDA \$ TOTAL DIRECT \$
		<u>CONTRACTED SERVICES</u> Federal \$297,316 State \$279,686 Local Match \$770,149 Program Income \$ USDA \$297,840 Total Contracted \$ TOTAL CONTRACTED/DIRECTED \$1,644,991

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE
C. 1988-89 OPERATIONAL PLAN UPDATE
2. Grant Allocation Plan (CONT.)

C. TITLE IIID IN-HOME SERVICES FOR FRAIL OLDER INDIVIDUALS

In-Home Services

<u>1,200</u>	Chore*	D	\$ _____
<u>3,536</u>	Housekeeping/Homemaking*		
<u>2,400</u>	Personal Care*	C	\$ <u>101,381</u>
<u>1,000</u>	Telephoning*		
<u>660</u>	Visiting*		
_____	In-Home Service Registry*		
_____	Outreach	Total	\$ <u>101,381</u>

An RFP for service under the Title IIID In-Home Services will be developed, approved by the Commission, and issued under the new State guidelines. April 29, 1988 receipt of the CDA IIID instructions did not allow sufficient time for the completion of this process. The total dollars here include both the Title IIID (\$18,461), and local Parking Tax dollars previously allocated to In-home Services.

II. PROGRESS REPORT AND OPERATIONAL PLAN UPDATE

C. 1988-89 OPERATIONAL PLAN UPDATE

3. OTHER SERVICES AND ACTIVITIES PLAN

Identify total federal and/or state funds for the following:

ACTIVITY

Senior Center Acquisition, Construction, renovation and Equipment (Exclude Senior Center Bond Act Funds.) \$ _____

Program Development \$ _____

Advocacy \$ _____

Coordination \$ _____

Area Agency Administration \$ 1,058,169*

- * Area Agency Administration is funded 100% from local revenue. The San Francisco Commission on the Aging considers "Program Development, Advocacy and Coordination" (PDAC) as an administrative function and is already considered as part of the cost of doing business.

C. 1988-89 OPERATIONAL PLAN UPDATE

4. Explanation of Major Changes in Sections II C2 and 3.

In the event the units of service or the amount of funds for a program are increased or decreased by 10% or more compared to the 1987-88 Grant Allocation or Other Services and Activities Plan, please explain:

Comment: Ombudsman units of service and funds were increased due to the additional state funds received this fiscal year.

In Home Supportive Service units and funds were decreased as the result of one contractor's transition in program emphasis to Community Services.

Mental Health units of service remained constant as a result of increased performance by one contractor. Additionally, Mental Health units of service and funds were decreased because they were originally budgeted for an Alzheimer's Day Care program. A few months into the fiscal year, the contractor transferred those funds into the new CDA MIS Social Day Care program.

All Social Day Care units of service and funds have been transferred into Adult Day Care due to service definition revisions by CDA.

Community Services - Translation units of service increase reflects demonstrated need for service.

Consumer Services - Education and Training units of service decrease is reflected in the increase in Community Services - Activity Scheduling units of service.

Home Delivered Meals units of service and funds were increased as a result of more efficient production as a result of the Home Delivered Meals Clearinghouse, successful fundraising by one contractor from private foundations and increased local funding from the COA.

5. Contingency Plan. If the Area Agency's funds are either reduced or increased for 1988-89, explain the process for adjusting your allocation of funds:

Comment: If the COA's funds are greatly reduced or increased for 1988-89, the matter would be brought to the full Commission and Advisory Council for public review and comment.

AREA PLAN BUDGET

AREA AGENCY

CITY AND COUNTY OF SAN FRANCISCO COMMISSION ON THE AGING

PSA NO. 6

BUDGET PERIOD July 1, 1988 - June 30, 1989

DATE May 9, 1988



AREA PLAN BUDGET

CDA 122 (4/86) PAGE 1

BUDGET SUMMARY

PSA NO.

6

BUDGET PERIOD		July 1, 1988 - June 30, 1989		☒ ORIGINAL BUDGET		☐ REVISION NO. _____		DATE 5-9-88	
SECTION A COST CATEGORIES		(a) TOTAL AMOUNT BUDGETED	CASH	(b) TOTAL AMOUNT BUDGETED	(c) AREA PLAN ADMIN	(d) SUPPORTIVE SERVICES (B)	(e) CONCATE MEALS (C-1)	(f) HOME DELVD MEALS (C-2)	(g) IN-HOME SERVICES (D)
			IN-KIND						
1 PERSONNEL	(+)	902,467	CASH IN-KIND	902,467	902,467				
2 STAFF TRAVEL	(+)	3,000	CASH IN-KIND	3,000	3,000				
3 STAFF TRAINING	(+)	2,500	CASH IN-KIND	2,500	2,500				
4 EQUIPMENT	(+)		CASH IN-KIND						
5 CONSULTANTS	(+)		CASH IN-KIND						
6 FOOD COSTS	(+)		CASH IN-KIND						
7 OTHER COSTS	(+)	150,202	CASH IN-KIND	150,202	150,202				
* DIRECT AREA AGENCY COSTS	(=)	1,058,169	CASH IN-KIND	1,058,169	1,058,169				
9 INDIRECT COST ON GRANTEE ALLOCATED COSTS	(+)		CASH IN-KIND						
10 TOTAL AREA AGENCY COSTS *	(=)	1,058,169	CASH IN-KIND	1,058,169	1,058,169				
11 COST OF CONTRACTED SERVICES	(+)	9,933,835	CASH IN-KIND	9,933,835	1,058,169	3,794,964	4,392,493	1,644,998	101,381
12 TOTAL AREA PLAN COSTS	(=)	10,992,004	CASH IN-KIND	10,992,004	1,058,169	3,794,964	4,392,493	1,644,998	101,381
		10,992,004	CASH IN-KIND	10,992,004	1,058,169	3,794,964	4,392,493	1,644,998	101,381

* LINES 1-10 DO NOT INCLUDE CONTRACTED SERVICES



AREA PLAN BUDGET

CDA 122 (1/88) PAGE 2

BUDGET SUMMARY

BUDGET PERIOD

July 1, 1988 - June 30, 1989

☒ ORIGINAL BUDGET☐ REVISION NO. _____

DATE 5-9-88

PSA NO.
6

SECTION B FUNDING SOURCES	(a) TOTAL AMOUNT BUDGETED	(b) CASH		(c) TOTAL AMOUNT BUDGETED	(d) AREA PLAN ADMIN	(e) SUPPORTIVE SERVICES (B)	(f) CONGREGATE MEALS (C-1)	(g) HOME DELVD MEALS (C-2)	(h) IN-HOME SERVICES (C-3)
		CASH	IN-KIND						
14 USDA CASH	1,018,045	CASH		1,018,045			720,197	297,848	
15 USDA COMMODITIES		IN-KIND							
16 NONMATCHING CONTRIBUTIONS		CASH							
17 GENERAL FUND	630,340	IN-KIND		630,340					
18 MATCHING CONTRIBUTIONS	6,785,405	CASH		6,785,405	1,058,169	106,662	243,992	279,686	
19 GRANT RELATED INCOME		IN-KIND				2,734,739	2,139,429	770,149	82,920
20 FEDERAL SHARE	2,558,214	CASH		2,558,214					
		IN-KIND				953,563	1,288,875	297,316	18,461
21 TOTAL AREA PLAN FUNDING	10,992,004	CASH		10,992,004	1,058,169	3,794,964	4,392,493	1,644,998	101,381
		IN-KIND			1,058,169	3,794,964	4,392,493	1,644,998	101,381
		22 TOTAL CASH AND IN-KIND		10,992,004	1,058,169	3,794,964	4,392,493	1,644,998	101,381

I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THIS AREA PLAN BUDGET REFLECTS THE NECESSARY, REASONABLE, AND ALLOWABLE COSTS TO ATTAIN THE OBJECTIVES AND GOALS EXPRESSED IN THE AREA PLAN. I FURTHER CERTIFY THAT THIS BUDGET WAS REVIEWED BY THE ADVISORY COUNCIL, AND APPROVED BY THE BOARD OF DIRECTORS, THAT THE BUDGET WAS AVAILABLE FOR REVIEW BY ALL INTERESTED PARTIES AND THAT THE AMOUNTS DISPLAYED ARE ACCURATE AND CORRECT INCLUDING SUPPORTING SCHEDULES.

SIGNATURE OF AREA AGENCY DIRECTOR

PRINTED NAME

DATE

X
 Jye Ruan

Joyce Ruan

5/11/88

PROGRAM ANALYST

DATE

DEPARTMENT APPROVAL

MANAGER

DATE

SECTION MANAGER

DATE



AREA PLAN BUDGET

LHA 122 (0/87) PAGE 3

MATCHING REQUIREMENTS AND TRANSFERS

FSA NO
6

BUDGET PERIOD

July 1, 1988 - June 30, 1989

☒ ORIGINAL BUDGET☐ REVISION NO. _____

DATE 5-9-88

SECTION C

MATCHING REQUIREMENTS

ITEM	ADMIN	OTHER	TOTAL
24 COSTS TO BE MATCHED = PG 1 LINE 19-NC 2 LINES 14 thru 17	1,058,169	8,285,450	9,343,619
25 REQUIRED MATCHING PERCENTAGES	25 %	10.53 %	
26 MINIMUM REQUIRED MATCH = LINE 24 X LINE 25	264,542	872,458	1,137,000
27 REQUIRED LOCAL, PUBLIC AGENCIES MATCHING CONTRIBUTIONS = LINE 26 X 25%			284,250

SECTION D

LOCAL PUBLIC AGENCIES MATCHING CONTRIBUTIONS

SOURCE	CASH	IN-KIND	TOTAL
Parking Tax	5,727,236		5,727,236
28 TOTAL MUST AT LEAST = LINE 27	5,727,236		5,727,236

SECTION E

AREA PLAN ADMINISTRATION—MATCHING CONTRIBUTIONS

SOURCE	CASH	IN-KIND	TOTAL
Parking Tax	920,606		920,606
S.F. General Fund	137,563		137,563
29 TOTAL MUST AT LEAST = LINE 28	1,058,169		1,058,169

SECTION F
TRANSFER OF FUNDS—USDA ADJUSTMENTS

FUND	CURRENT NCA	INCREASE	DECREASE	NEW ALLOTMENT
30 III R ADMIN	75,956		75,956	- 0 -
31 III R OTHER	677,607	75,956		953,563
32 III C-1 ADMIN	102,665			- 0 -
33 III C-1 OTHER	1,186,210	102,665		1,288,875
34 III C-2 ADMIN	23,683		23,683	- 0 -
35 III C-2 OTHER	273,633	23,683		297,316
36 SUPP SVCS	106,662			106,662
37 CONG ADMIN	1,054		1,054	- 0 -
38 CONG OTHER	242,938	1,054		243,992
39 III D ADMIN	234			- 0 -
40 III D OTHER	27,968	234		279,686
41 TOTAL		203,592	203,592	
42 C1 USDA	693,171	27,026		720,197
43 C2 USDA	273,946	23,902		297,848
44 TOTAL USDA	967,117	50,928		1,018,045

SECTION G JUSTIFICATION FOR FUND TRANSFERS

As in the past, PSA #6 will use its Administrative Allocation for Direct Service Contracts.

* DOES NOT INCLUDE COMMISSION OR OTD ALLOTTED ON NCA



AREA PLAN BUDGET

CDA 122 (1/85) PAGE 4 Page 1 of 2

SCHEDULE OF PERSONNEL
ADMINISTRATION AND DIRECT SUPPORTIVE SERVICESFSA NO
6

BUDGET PERIOD

July 1, 1988 - June 30, 1989

☒ ORIGINAL BUDGET ☐ REVISION NO. DATE 5/9/88

PAID PERSONNEL.				IN-KIND PERSONNEL.					
POSITIONS	No.	BUDGETED COSTS	AREA PLAN ADMIN	AAA DIRECT SUPPORTIVE SERVICES	POSITIONS	No.	BUDGETED COSTS	AREA PLAN ADMIN	AAA DIRECT SUPPORTIVE SERVICES
Senior Clerk Typist	2	47,108	47,108						
Executive Secretary	1	25,178	25,178						
Commsion Secretary	1	32,567	32,567						
Account Clerk	1	21,222	21,222						
Accountants	2	55,124	55,124						
Senior Accountant	1	33,353	33,353						
Head Accountant	1	44,697	44,697						
Senior Mgm't Asst.	1	44,697	44,697						
Nutritionist	1	34,165	34,165						
Deputy Director	1	54,339	54,339						
TOTAL SALARIES/WAGES		392,450	392,450						
PAYROLL TAXES									
EMPLOYEE BENEFITS									
TOTAL PAID PERSONNEL					TOTAL IN-KIND PERSONNEL.				





AREA PLAN BUDGET

CDA 122 (4/86) PAGE 6

SCHEDULE OF SUPPORTIVE SERVICES

INSA NO.
6

BUDGET PERIOD

July 1, 1988 - June 30, 1989

☒ ORIGINAL BUDGET

☐ REVISION NO. _____

DATE 5-9-88

PROGRAMS	(a) UNITS OF SERVICE	(b)	TOTAL BUDGETED COSTS	DIRECT SERVICES				(h) GRANT RELATED INCOME	(i) FEDERAL SHARE
				(c) NON-MATCHING CONTRIBUTIONS CASH	(d) IN-KIND	(e) GENERAL FUND	(f) MATCHING CONTRIBUTIONS CASH		
PART I									
TOTAL PROGRAMS				NOT APPLICABLE					
PROGRAM DEV.									
ADVOCACY									
COORDINATION									
TOTAL PDAC									
TOTAL DIRECT SERVICES									
PART II									
			CONTRACTED SERVICES						
INFO. & REFERRAL *	41,750	171,597			50,606	120,990			72,291
OMNIBUSMAN	5,940	130,045			56,056	1,639			
CASE MANAGEMENT	15,647	252,577				252,577			
HOUSING	1,712	46,069				46,069			
SECURITY/CRIME									
IN-HOME SERVICES *									
HEALTH SERVICES	1,500	33,722							33,722
MENTAL HEALTH	1,093	33,020				33,020			
SOCIAL DAY CARE									
TRANSPORTATION *	64,952	357,365							357,365
COMMUNITY SERVICES	200,445	1,997,690				1,997,690			490,185
LEGAL ASSISTANCE *	19,109	490,185							
EMPLOYMENT									
CONSUMER SERVICES	45,847	259,417				259,417			
ADULT DAY HEALTH									
Alzheimer's Day Care	2,417	23,277				23,277			
TOTAL CONTRACTED SVCS	400,412	3,794,964			106,662	2,734,739			953,563
TOTAL SUPPORTIVE SERVICES	400,412	3,794,964			106,662	2,734,739			953,563

* Donor's Priority Services



CONGREGATE NUTRITION SERVICES BUDGET

INDEX (PERIOD)

July 1, 1988 - July 30, 1989

☒ ORIGINAL BUDGET

REVISION NO.

DATE 5-9-88

COST CATEGORIES	(a) BUDGETED COSTS	ACTIVITIES					
		MEALS		PROGRAM MANAGEMENT		OTHER	
		(b) CASH	(c) IN-KIND	(d) CASH	(e) IN-KIND	(f) CASH	(g) IN-KIND
1. PERSONNEL							
2. TRAVEL & TRAINING							
3. EQUIPMENT							
4. CONSULTANTS							
5. CATERED FOOD							
6. RAW FOOD							
7. OTHER COSTS							
8. DIRECT COSTS							
9. INDIRECT COSTS							
10. TOTAL COSTS							
11. TOTAL CASH AND IN-KIND							

[illegible]



HOME DELIVERED NUTRITION SERVICES BUDGET

FSA NO
6

BUDGET PERIOD

July 1, 1988 - June 30, 1989

☒ ORIGINAL BUDGET☐ REVISION NO. _____

DATE 5-9-88

COST CATEGORIES	(a) BUDGETED COSTS	ACTIVITIES					
		MEALS		PROGRAM MANAGEMENT		HOME DELIVERY	
		(b) CASH	(c) IN-KIND	(d) CASH	(e) IN-KIND	(f) CASH	(g) IN-KIND
1. PERSONNEL							
2. TRAVEL & TRAINING							
3. EQUIPMENT							
4. CONSULTANTS							
5. CATERED FOOD							
6. RAW FOOD							
7. OTHER COSTS							
8. DIRECT COSTS							
9. INDIRECT COSTS							
10. TOTAL COSTS							
11. TOTAL CASH AND IN-KIND							

NOT AVAILABLE

FUNDING	(b) BUDGETED FUNDS	(c) CASH	(d) IN-KIND	COST PER MEAL BY ACTIVITIES	%	FUNDING PER MEAL	%
12. USDA	297,848	297,848		25. MEALS		39. USDA	.57
13. NON-MATCHING				26. PROG. MGMT.		40. NON-MATCHING	
14. GENERAL FUND	279,686	279,686		27. DELIVERY		41. GENERAL FUND	.53
15. MATCHING	770,149	770,149		28. OTHER		42. MATCHING	1.46
16. GRANT RELATED INCOME				29. TOTAL	100	43. INCOME	
17. FEDERAL SHARE	297,316	297,316		COST PER MEAL BY COST CATEGORY	%	44. FEDERAL SHARE	.57
18. TOTAL FUNDING	1,644,999	1,644,999		30. PERSONNEL		45. TOTAL	3.13
				31. TRAV & TRNG			
				32. EQUIPMENT			
				33. CONSULTANTS			
				34. CATERED FOOD			
				35. RAW FOOD			
				36. OTHER COSTS			
				37. INDIRECT			
				38. TOTAL	100		50

USDA

NUMBER OF MEALS TO BE SERVED

19. NO. MEALS

524,749

22. CATERED MEALS

383,355

20. USDA RATE

.5676

23. PROJECT PREPARED

141,345

21. ENTITLEMENT

297,848

24. TOTAL

524,749

38. TOTAL

100

50

300

UNITS

300

NUTRITION SERVICES

EDUCATION

300



III. APPENDICES

APPENDIX I

=====

PROGRAM ASSURANCES
REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

(Justify the provision of direct services according to PM 86-60
[P], issued on 12/23/86)

The COA does not provide direct services. No waiver requested.



III. APPENDICES

APPENDIX II

PUBLIC HEARINGS

Please complete this section for any public hearing conducted since the 1987-88 public hearings. If no hearings have been conducted since that time, provide information submitted in the 1987-88 Area Plan Update. (Please place an asterisk beside the hearings at which the plan was provided in a language other than English and/or at which a translator was used during the hearing.)

<u>Location</u>	<u>Number attending</u>
<u>(See attachment)</u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>

Discuss outreach efforts used in seeking out the homebound/disabled older persons' input into the area plan.

- For the first time, a community meeting was held at a large major long term care facility, Laguna Honda Hospital, drawing a number of disabled/homebound persons from the hospital and hospital Adult Day Health Care Program.
- Notices of meetings are mailed to programs which serve disabled and homebound seniors. Where possible, transportation services are arranged through service providers for disabled and homebound to attend.
- Representatives of homebound/disabled persons are invited to represent the needs and priorities of their clients.
- All meeting sites are handicapped accessible.

Discuss major issues discussed or raised by hearing attendees, including those regarding program development, advocacy and coordination objectives.

(See attachment)

List major changes in this plan brought about by input from attendees at the hearings.

See references in Sections IIA and IIC





P L E A S E P O S T A N D A N N O U N C E

ADVISORY COUNCIL
COMMUNITY MEETINGS

A T T E N T I O N S E N I O R S ! ! ! !

THE ADVISORY COUNCIL TO THE SAN FRANCISCO COMMISSION ON AGING NEEDS TO HEAR FROM YOU! WE INVITE YOU TO COME TO ONE OF THE LOCATIONS LISTED BELOW TO MEET WITH ADVISORY COUNCIL MEMBERS TO TALK ABOUT YOUR NEEDS AND CONCERNS FOR SERVICES TO OLDER PEOPLE IN SAN FRANCISCO.

ALL COMMENTS AND NEEDS RAISED AT THE COMMUNITY MEETINGS WILL BE FORWARDED TO THE COMMISSION ON AGING FOR CONSIDERATION IN PLANNING AND FUNDING SENIOR PROGRAMS.

THE MEETINGS WILL BE INFORMAL AND WE WOULD LIKE TO GET ACQUAINTED WITH YOU SO PLEASE JOIN US AT ONE OF THE SIX LOCATIONS LISTED BELOW:

THANK YOU

HOMESTEAD SAVINGS BANK *
22ND AVENUE AND GEARY BLVD.

TUESDAY, JULY 14, 1987 AT 2:00 P.M.

LAGUNA HONDA HOSPITAL
CLARENDON HALL
375 LAGUNA HONDA BLVD.

THURSDAY, JULY 16, 1987 AT 11:00 A.M.

STATE OFFICE BUILDING *
350 MCALLISTER STREET
ROOM 1194

TUESDAY, JULY 21, 1987 AT 2:00 P.M.

SOUTHEAST COMMUNITY COLLEGE
CENTER, 1800 OAKDALE ST.

THURSDAY, JULY 23, 1987 AT 2:00 P.M.

IMMACULATE CONCEPTION ACADEMY *
3625 - 24TH STREET

TUESDAY, JULY 28, 1987 AT 2:00 P.M.

PARKSIDE BRANCH LIBRARY
22ND AVENUE AND TARAVAL ST.

THURSDAY, JULY 30, 1987 AT 2:00 P.M.

* TRANSLATION AVAILABLE

FOR MORE INFORMATION CALL
864-6051

SAN FRANCISCO COMMISSION ON AGING ADVISORY COUNCIL
25 VAN NESS AVENUE, #650
SAN FRANCISCO, CA. 94102





Report and Recommendations
to the
Commission on Aging
September 2, 1987
from the
Advisory Council
Concerning the
1987 Advisory Council Community Meetings

I. Maintenance and Improvement of Existing Services traditionally funded by the Older Americans Act

The nature of comments at this year's Community Meetings and the reduced number of specific criticisms and requests for additional Older Americans Act type programs indicates to us that the Commission's efforts on the problems and service gaps identified have been sensitive to the concerns expressed in past years and are addressing those needs. The network of services in place appears to be responsive to community need and the services are used by the seniors. There was, however, indication of some continuing service gaps and improvements needed in existing services. These issues do indicate the need for close monitoring and analysis in order to achieve the most efficient use of available dollars.

The Advisory Council recommends that the Commission maintain existing services and that system, management and program improvement efforts be continued as a main focus in order to maximize and possibly expand programming within available resources.

Specifically:

o Senior Centers

A large number of persons talked about the effective programs and services at senior centers but they also emphasized the need to continue to expand and offer a wider variety of activities at existing centers.

Several centers were specifically cited as needing improvement. A number of seniors expressed concerns about issues such as space and activity levels at OMI Senior Center. We would recommend that Commissioners direct staff to closely monitor activities at these centers.

Seniors identified the need for support services in the Parkside and OMI area.

o Transportation

Transportation - Seniors expressed the need for more transportation, especially medical transportation and also social transportation. Existing services need to be expanded.

o Nutrition

Seniors expressed satisfaction with many of the Nutrition services and the need for these services to continue to be available. Seniors identified the need for meals at the Multi-Purpose Center for Koreans and in Visitation Valley.

o Outreach

There is a need to do outreach to older persons who are not using the existing programs and services. Older people such as homebound, disabled and older Black men are especially in need of Outreach Services.

o Bilingual and Ethnic Programs

Programs that serve the ethnic and language needs of older persons continue to be of importance and must be maintained. In addition, the new Immigration law should be monitored for its effect on seniors.

II. Community-based Long Term Care for Older Frail Homebound Seniors

More than in past years, older persons at the Community Meetings identified the need for substitutes for nursing homes; a broad spectrum of community based long term care services to keep people independent in the community. Services such as home delivered meals, in-home homemaker and health services, transportation, Adult Day Health Care and Social Day Care, housing, social services and visible Information and Referral to these services, emerged as increasingly important needs of an older and frailer community. It was noted that these needs appeared to be somewhat different depending on the fabric of different communities within the city.

The Advisory Council recommends that the Commission on the Aging take a leadership role over the next few years in the continuing development of a coordinated and accessible community based long term care system.

Specifically:

- o to better plan for and coordinate existing community based long term care programs.
- o to provide visible information and referral to existing programs.
- o to provide education and training to the community and service providers to insure appropriate referrals.

- o to develop new public and private resources to meet service demands.
- o to insure that programs are community-sensitive and tailored to the needs of special populations.

III. Other Issues of Importance

o Housing

More than in the past seniors discussed the need for special housing in the community for frail elders that would have community services in a small congregate housing setting. The need for this housing was identified for persons just out of the hospital and for those persons who could not live alone.

Other housing needs expressed included the need for more affordable housing and more accessible housing.

o Escort/Safety Services

Existing programs in areas such as the Tenderloin need to be maintained and areas such as the OMI need to have escort services.

o Job assistance

Resources for elder job search assistance need to be made more available to older persons.

o Planning for Funeral Arrangements

Information needs to be identified to assist older persons to express wishes for the disposition of personal possessions and for the planning of funeral arrangements.

o Visitation Program

The need was identified for an evening and weekend visitation program at Laguna Honda Hospital.

o Large Print Materials

The importance of printing resource information for older persons in large print was emphasized.



1987 ADVISORY COUNCIL COMMUNITY MEETING

COMMENTS

1. HOMESTEAD SAVINGS BANK *
22ND AVENUE AND GEARY BLVD. TUESDAY, JULY 14, 1987
2. LAGUNA HONDA HOSPITAL
CLARENDON HALL THURSDAY, JULY 16, 1987
375 LAGUNA HONDA BLVD.
3. STATE OFFICE BUILDING *
350 MCALLISTER STREET TUESDAY, JULY 21, 1987
ROOM 1158
4. SOUTHEAST COMMUNITY COLLEGE
CENTER, 1800 OAKDALE ST. THURSDAY, JULY 23, 1987
5. IMMACULATE CONCEPTION ACADEMY * TUESDAY, JULY 28, 1987 :
3625 - 24TH STREET
6. PARKSIDE BRANCH LIBRARY THURSDAY, JULY 30, 1987
22ND AVENUE AND TARAVAL ST.



ADVISORY COUNCIL

COMMUNITY MEETING COMMENTS

LOCATION: Homestead Saving Bank
DATE: Tuesday, July 14, 1987
PERSONS IN ATTENDANCE: 52
LANGUAGE TRANSLATION: Russian

1. More help is needed for frail elders.
2. More transportation, especially to doctor, food shopping.
3. A "House" for seniors is needed for people who come out of the hospital and need a place to recuperate before going home.
4. A "House" for very frail seniors where they can get the services they need.
5. Outreach services are needed to help people who need services but do not ask or are not aware of services.
6. Activities are needed at senior centers.
7. Housing is badly needed; it was suggested that the abandoned housing in the City be renovated and rented to seniors at affordable prices.

(HOUSING was mentioned two times by different people and the audience agreed that existing housing units are not affordable for many seniors).

8. In-Home services are needed for frail elders.
9. More funds are needed for more staff for services to Russian seniors.
10. One person said that he was able to recuperate from a hospital operation at home with the help of nursing care, social services and meals and because of that in-home help he is now on the road to a full recovery---very pleased with the help he got when he needed it most.
11. Many doctors will not take MediCal/Medicare assignment. A list of doctors who accept MediCal/Medicare assignment is needed to assist seniors to find a doctor.

AIC:rg 0507I 07/16/87

12. The amount of savings that a person can have to be eligible for MediCal is too low.
13. With home delivered meals, more choice in special diets is needed beyond a low sodium diet.
14. More in-home care is needed and faster "start-up" time for in-home care to be provided.
15. Home Care services do not include respiratory care and ventilators are needed for in-home so that people can leave the hospital.
16. More Adult Day Health Care Centers are needed.
17. More bilingual in-home care services are needed.
18. Elderly need more extensive and sincere MediCal care.
19. More funds are needed to have education programs to let seniors know about services and resources which are available to them. (especially for people who do not speak English).
20. MediCal/Medicare should provide coverage for electrolysis treatments.



ADVISORY COUNCIL

COMMUNITY MEETING COMMENTS

LOCATION: Laguna Honda Hospital
DATE: Thursday, July 16, 1987
PERSONS IN ATTENDANCE: 40

Persons in attendance at the meeting included people who are residents of Clarendon Hall, a skilled nursing facility at Laguna Honda Hospital; persons who regularly attend the Laguna Honda Adult Day Health Center; persons from the community who attend the nutrition program at Laguna Honda Hospital.

Comments:

1. The need for a program to sponsor housing repair was voiced and there was general agreement among persons in attendance that small repair at a low cost was much needed; a program of small repair in South San Francisco was talked about and the telephone number for that program was given as: 873-0315. It was suggested that senior citizen who are retired tradesmen could be recruited for such a program.
2. Comments about nutrition program foods included: at some sites the vegetables are over cooked; at others the vegetables are fresh, tasty and cooked just right--Kimochi and Western Addition Nutrition programs were cited as having excellently prepared vegetables. It was noted that if some sites could cook vegetables properly then other sites could get training to do so also.
3. At many senior centers there is a need to install dark window shades to effectively block out light when slides and movies are shown at the centers. Right now the centers have regular shades and it makes it difficult for seniors to clearly see the movies and slides. Also it was noted that the Downtown Senior Center needs to install a turn-off switch for a light that can not be turned off for slide shows and movies.

4. Vegetables at the 30th Street Senior Center were undercooked according to a senior.
5. The food at Laguna Honda is excellent. (The high quality and good tasting food at the Laguna Honda Nutrition sites was mentioned three different times by seniors).
6. Activities are needed to relieve isolation and loneliness for seniors---it was suggested that everyone come to Pleasure Endeavors to participate in this program for both good companionship and painting. The Pleasure Endeavors program was described and highly recommended. One problem that was noted with Pleasure Endeavors is the lack of adequate transportation. The program needs more transportation. Next week the program celebrates their 10th anniversary.
7. The need to have a visitation program at Laguna Honda was stated because so many of the people there do not have any family or visitors especially in the late afternoons, evenings and weekends. It was suggested that seniors going to the lunch program take an extra few minutes and visit some of the residents.
8. The need for pre-planning for funeral arrangements was talked about because so many people do not plan their funeral and no one is aware of any wishes of the persons. Also pre-planning can save a lot of money.
9. The bus drivers (referring to the shuttle bus at the hospital) smoke while driving the buses despite a sign indicating that smoking is not permitted. The shuttle bus schedule often operates on a erratic schedule and the drivers are sometimes unpleasant and it is obvious that they do not want to be driving the shuttle. Someone commented that some of the drivers are "great" but that the good drivers don't last too long. Someone else said that the drivers did not like the shuttle route.
10. The use of large print for brochures was advocated.

11. The value of the Adult Day Health Center was discussed in some detail by two persons who had received many services at the center that have enabled them to become more independent. The staff were praised for their skills. The wide variety of health, social services were described. The need for more of such centers was voiced.
12. The piano at the Laguna Honda Nutrition Site needs repair and tuning. (A staff person said that they were working on getting the piano tuned).
13. It was noted that the Laguna Honda Nutrition Site menu sometimes changes from the meal that is printed---it was suggested that the person attend one of the site council meetings at the nutrition site and inquire about the change in menu.
14. The need for accessible housing was noted and the members of the audience all agreed. It was suggested that some of the land at Laguna Honda be used to build senior housing with a visitors center for visiting relatives.



ADVISORY COUNCIL
COMMUNITY MEETING COMMENTS

LOCATION: State Building, Room 1158
DATE: Tuesday, July 21, 1987
PERSONS IN ATTENDANCE: 92
LANGUAGE TRANSLATION: Chinese

1. San Francisco Senior Center needs support to meet a \$65,000.00 deficit. There is a need for funds and technical assistance to locate this funding.
2. Downtown Senior Center provides comprehensive assistance to blind, frail, etc. It is very important to keep this viable center in that neighborhood; need assistance to meet \$65,000.00 in increased costs.
3. Need transportation for seniors, especially medical transportation; also need to find resources for in-home help.
4. Need for more outreach to people who "fall between the cracks," especially older black men.
5. Emphasis should be on home health aides to keep people out of nursing homes.
6. There is a need for a senior lunch program at the Multi-Purpose Center for Koreans.
7. Need to continue English classes and social activities for large number of Korean seniors; There is a need for a senior meals program.
8. Need to continue and do more "leveraging" of funds, especially because there are more seniors who are older and more frail and there is a need to continue to develop services such as Adult Day Health Care for this population.
9. Downtown Senior Center requests help in raising funds.
10. Chinese speaking older person living in Chinatown wants to stay living in Chinatown and be able to get services in Chinatown along with others who are there who also do not speak English; there is a need for nutrition programs, a need for housing and support is needed for Pineview Senior Housing.

AIC:rg 05111 07/23/87

11. In light of the large budget for senior services, there is a need to always monitor the use of these funds under the Commission on Aging.
12. The Tenderloin needs more safety services especially since there are so many older people living and moving into the neighborhood.
13. Noontime meals at some centers require people to be present at 9:00 a.m. in order to get a meal; a better system needs to be developed to allow people to sign up ahead so that they can go to appointments in the morning and still be able to have a lunch.
14. Some nutrition sites seat people by table number and do not give consideration to the fact that there is a language barrier; seniors who do not speak the same language ought to be able to sit at a table with people who speak the same language so that they are able to communicate with one another. (At the downtown Congregational Church site, the seating is by table number.)
15. Western Addition Senior Services needs support for fundraising efforts for a new center.
16. Seniors were encouraged to communicate with their legislators especially around the need for legislation such as the health legislation AB 2020.
17. A Senior Legislator present urged seniors to maintain contact with their legislators.
18. Another Senior Legislator noted that State Senator Leo McCarty has introduced a series of four bills into the California legislature having to do with nursing home care.
19. According to one senior, the San Francisco Housing Authority has raised rents for tenants and lowered the rental assistance; this senior said that the rents were too high.



July 21, 1987

Senior Advisory Council
San Francisco Commission on the Aging
Community Hearings
San Francisco, Ca.

Dear Senior Advisory Council Members,

My name is Richard Eijima and I am a Director with Kimochi, Inc. - Japanese American Senior Services.

In opening my testimony before this public hearing, I would like to express our appreciation and commend the performance during the past year of the San Francisco Commission on the Aging (SFCOA) under the direction of Ms. Joyce Ream and the distinguished members of the Senior Advisory Council.

As well as business has been progressing, the Commission will continually be faced with severe financial constraints in the upcoming years. As Federal and state dollars continue to be frozen, alternative methods of leveraging are needed in order to 1) expand the base level of funding for existing services and 2) fund programs to address unmet needs. We need to continue supporting the work of the tri-agency council of the three major city departments (Health, Social Services, and COA) in helping to consolidate planning and program development, out of which such things like the SEED project were developed.

It is important to note that startling demographic changes in the elderly population in San Francisco combined with current pattern of funding will continue to create gaps between existing services and the increased demands upon such services.

Commission staff has noted that 32% of the total elderly population is 75 years of age or older and 44% between the ages of 65 and 74 who are fast approaching it, the demands for services are and will continue to significantly increase.

Kimochi is experiencing the effects of this population shift as more of our 75+ participants are becoming homebound. In order to help in the maintenance of their independent living arrangements and furthermore prevent costly long-term institutionalization, we need funds to expand adult day health care programs, support additional social workers, day care workers, drivers, in-home supportive services, and transportation to address the expanding need for these vital bilingual/bicultural services.

We in Kimochi are committed to helping raise the quality of life for our seniors through the programs and services we provide.

Thank you for the opportunity to express our needs and concerns. I wish you much success in meeting the many challenges to come before you.

Kimochi Administrative 1830 North St. Suite 908 San Francisco, CA 94115 (415) 931-2744

877



ADVISORY COUNCIL

COMMUNITY MEETING COMMENTS

LOCATION: Southeast Community College Facility

DATE: Thursday, July 23, 1987

PERSONS IN ATTENDANCE: 18

1. There is a need to look into the food at Bernal Heights Senior Center because sometimes older people have complaints about the food. For example, sometimes the food is cold; other times the food is too spicy such as the Texas chili that was served this week.
2. Another person who is a volunteer in the kitchen at Bernal Heights Senior Center agreed that the food is too spicy for many of the seniors and also that the food portions are not adequate----when he is instructed to use an 8-ounce serving he does not have enough portions to serve the number of meals ordered.

COA Staff Nutritionist, Linda Lau, recommended that seniors speak to the Nutrition Site Manager about food and menu concerns as well as to attend the Nutrition Site Council meetings held each month at the Site to voice issues and concerns about the food.
3. There is a need to develop more activities after the lunch to keep seniors active; several seniors from other locations agreed that after lunch activities were needed at many senior center to keep seniors active and involved. One senior recommended that each center get together with the Center Coordinator and form an Activity Committee made up of seniors to survey seniors at the center and then develop activities that the seniors would like to see organized at the center.
4. A senior asked for assistance in locating job assistance; the person was given the I&R number to request the listing of agencies that work with seniors to locate employment.
5. Another Senior Nutrition Site is needed in Visitation Valley; the one site can not serve all the seniors who need a nutritious hot lunch living in the area.
6. Medical transportation is needed; one senior called to get a ride and was not able to schedule the ride through the Escort service and a ride through a for-profit Medivan transportation service was \$30.00 for a round trip.
7. A senior from Visitation Valley said that the Visitation Valley Senior Transportation Services needs to have more recognition and publicity for the good work that they do to transport and escort seniors.

AIC:rg 05121 07/24/87



ADVISORY COUNCIL
COMMUNITY MEETING COMMENTS

LOCATION: Immaculate Conception Academy
24th Street and Guerrero St.
DATE: Wednesday, July 28, 1987
PERSONS IN ATTENDANCE: 69
LANGUAGE TRANSLATION: Spanish

1. The Outer Mission is a neighborhood with many seniors and the Advisory Council should hold a community meeting there next year.
2. A Silvercrest resident said that she enjoys the food and activities at the Salvation Army Nutrition Site and Activities Center.
3. A Silvercrest resident expressed satisfaction with the services and the bilingual social services available to seniors by Salvation Army.
4. Comments on the Simpson Rodino Immigration Law: the law is not clear about which family members are protected under the law; also there was a lot of concern expressed about the people who are not allowed to stay here and face life threatening situations back in their native country.
5. A Silvercrest resident said that home delivered meals are very helpful to disabled seniors and most appreciated by those living at the Silvercrest residence; also, the person expressed satisfaction with the Salvation Army staff and activities at the 4th Street Center.
6. A resident of Dimasalong House said that there was a question whether or not the services at Salvation Army had been cut; COA staff pointed out that the COA funding had not been reduced to Salvation Army programs.
7. A participant at PPMC/30th Street Senior Center extended an invitation to all seniors to come and join in the activities and good socialization at the center.

AIC:rg 05131 07/29/87

8. All present were invited to the Sunday dances at PPMC/30th Street; satisfaction was voiced for the ESL (English as a second language) classes.
9. The Mission Neighborhood Center at Capp Street has good food, and a color television and VCR that is enjoyed by many people.
10. More medical transportation is needed for seniors. Vans need lifts. Now, it is difficult to get two-way medical transportation.
11. A Work Study Social Work student from Centro Latino Senior Center said that she enjoys working with seniors very much at the center and that the center needs more social workers.
12. A senior who works in a kitchen at a Salvation Army site said that there is often not enough food for the seniors who come to have a meal; he also said that younger people with children sometimes come looking for food and the question was raised why leftovers are not allowed to be given to younger people who are hungry.
13. The problem of transportation was brought up because one senior said that a round trip ride was difficult to get and often rides can only be arranged for a one-way trip. The person expressed satisfaction with the low rents for seniors at Silvercrest.

(NOTE: One senior added this comment as the meeting was adjourning)
14. A senior said that it was a problem having older people and younger people together at the commodity food program; she also wanted to know where to get an updated listing of commodity food sites.



ADVISORY COUNCIL

COMMUNITY MEETING COMMENTS

LOCATION: Parkside Branch Library

DATE: Thursday, July 30, 1987

PERSONS IN ATTENDANCE: 31

Comments:

1. More funds are needed at the OMI Center for recreation trips for seniors.
2. OMI Senior Center participants want to have control over their bazaar fundraising monies. They want to spend it on the Center activities and not have to contribute it to the Council of Churches.
3. OMI seniors wish to have bottle water available to them at the site and paid for by the Council of Churches.
4. A sewing class, or seamstress class, is needed at the OMI Center.
5. More activities are needed at the OMI Center. More funding is needed to provide them.
6. Transportation is needed at the OMI Center for more recreational trips, trips to hospitals and such.
7. More space is needed for activities at the OMI Center as well as sewing machines and a health clinic.
8. OMI neighborhood needs more escort services available to seniors.
9. Complaint registered against the supervisor of the senior program at the Mission YMCA.
10. The OMI seniors would like to have bottle water provided for them at the center, they would like to handle and spend their own fundraising monies and they need things such as materials and thread for items they make for the bazaar.
11. A plea was made by a senior for more surplus food distribution centers in San Francisco. There should be more centers with no means test for eligibility to receive the foods.
12. COA should prepare a resource guide about services for seniors around the City, i.e. sewing classes, health clinics, etc.

AIC:BL:rq 05141 07/31/87

13. There is a great need for transportation and escort service in the City.
14. Medical should provide more service stickers.
15. More in-home health care is needed to keep people out of nursing homes.
16. Electrolysis and dental crowns should be paid for by MediCal.
17. A complaint was made against the director of the OMI Center who informed senior members that they cannot keep the funds raised through fundraising activities but that those funds must go to the Council of Churches.
18. The current OMI Center located in a small church is inadequate space for a center. The building next door will not be finished for some time due to insufficient funds. Therefore another space for the center should be located by San Francisco Council of Churches. Several locations were suggested.
19. Complaint registered against MUNI personnel who are rude to seniors.
20. A plea was made to seniors to write their legislators in behalf of bills such as SB 1692 and 1693 which benefit seniors.
21. Complaint was made against MUNI drivers who don't stop for pedestrians. Also of concern was that the seats reserved for older people and handicapped in the front of buses were often occupied by young people and the driver does nothing to assist the senior.
22. A statement was made that the Parkside neighborhood has no convenient services for seniors such as a vital senior center, health clinic or other activities.
23. There is a great need for insurance coverage for long-term care in convalescent facilities.
24. Applicants to HUD housing should receive notice/in writing that there is an apartment for them. An individual complained that she had been on the list for two years, she was called on the telephone when a place was available, she was away for the day and her name was taken off the waiting list because she did not answer the phone. She has to start all over.
25. A complaint was registered that individuals are being released from the hospital to convalescent homes which are ethnically oriented and not of their ethnic group. Some seniors cannot eat ethnic foods.

87K



1987 Advisory Council Community Meetings Reports
from the
Evaluations Committee
to the
Advisory Council
August 20, 1987

The following Advisory Council members have participated in the Community Meeting Evaluations Committee meetings to review, discuss and prioritize the comments from the meetings:

Marjorie Stern, Chair
Lynn Brown
Ray del Portillo
Alexandra Glazunova
Mary O'Connor
Marion Levy
Roberta Carter

Attached you will find the Evaluations Committee Report for the Community Meetings for your review as well as a summary grid listing the comments made at the six meetings.

A total of thirteen of the twenty Advisory Council members attended one or more of the meetings and 302 older persons attended the meetings.

Meetings Attendance 1987

Homestead Bank/Richmond	=	52
Laguna Honda Hospital	=	40
State Building	=	92
Southeast College Facility/Bayview Hunters Point	=	18
Immaculate Conception Academy/Mission	=	69
Parkside Library	=	31
TOTAL		= 302

AIC:rg 05161 08/20/87

Advisory Council

Chairs for the 1987 Community Meetings

1. Homestead Bank/Richmond
Alexandra Glazunova
Woodrow Chan
 2. Laguna Honda Hospital
Daisie Harrison
Elsie Suttle
 3. State Building/Civic Center
Mary O'Connor
Philip Lee
Barzillia Ellis
 4. Southeast College Facility/Bayview Hunters Point
Elsie Suttle
Barzillia Ellis
 5. Immaculate Conception Academy/Mission
Ray del Portillo
Tina Burgess Coan
 6. Parkside Library/Sunset
Mary O'Connor
Alexandra Glazunova
-

Senior Legislators in Attendance at 1987 Community Meetings:

Senior Senators:
Moira Jackson
Frank Salet

Senior Representatives:
Joseph Hann
Isabel Neves
Ella Romans

III. APPENDICES

APPENDIX III

=====

	GOVERNING BOARD	[] No
--	-----------------	--------

Change

Name/Title of Officers	Address/Telephone	Term Expires
------------------------	-------------------	--------------

Stanley Herzstein President	25 Van Ness Ave. S.F., CA 94102 415/864-6051	1/1990
--------------------------------	--	--------

John Yehall Chin Vice President	"	1/1991
------------------------------------	---	--------

General Membership:

Marian Brislane	"	1/1988
Ettle Francis	"	1/1988
Demetrio S. Jayme	"	1/1989
Jose O. Olmedo	"	1/1990
Lawrence J. Simi	"	1/1990

Number of Members on the Board

7

III. APPENDICES

APPENDIX IV

ADVISORY COUNCIL

Name/Title of Officers	Address/Telephone	Term Expires
Marjorie Stern, President	25 Van Ness Ave. S.F., CA 94102 415/864-6052	3/31/90
Roberta Carter, 1st. Vice President	(same as above)	3/31/89
Daisie Harrison 2nd. Vice President	(same as above)	3/31/88
Marian M. Levy Secretary	(same as above)	3/31/90
Lynn Brown	"	3/31/88
Woodrow Chan	"	3/31/88
O. Lynn Childs	"	3/31/88
Tina Burgess Coan	"	3/31/88
Raymond del Portillo	"	3/31/88
Barzillia Ellis	"	3/31/89
Alexandra Glazunova	"	3/31/88
Arthur Hurwith	"	3/31/89
Philip Lee	"	3/31/88
Marion Liang	"	3/31/88
Tony Marovich	"	3/31/88
Mary O'Connor	"	3/31/88
Henry L. Pineda	"	3/31/89
Elsie Suttle	"	3/31/89
Edith Tanaka	"	3/31/88

(3 vacancies as of April 29, 1988

General Membership Characteristics:

Number of Members on Council	<u>22</u>
Number of Members 60+	<u>12</u>

III. APPENDICES, Appendix IV (continued)

Race/Ethnicity:

White	<u>7</u>
Hispanic	<u>3</u>
Black	<u>4</u>
Asian, Pacific Islander	<u>5</u>
Native American	<u>0</u>
Other	<u>0</u>
Low Income Representative (yes/no)	<u>yes</u>
Disabled Representative (yes/no)	<u>no</u>
Service Provider Representative (yes/no)	<u>yes</u>

III. APPENDICES

APPENDIX V

ADVISORY COUNCIL COMMITTEES IDENTIFY CHAIRPERSONS, COMMITTEE AND FUNCTION

CHAIRPERSONS	COMMITTEE	FUNCTION OF COMMITTEE
Marjorie Stern	Executive	Sets Agenda and recommends actions to Council.
Henry Pineda	Health	Examines health issues and presents information to members.
O. Lynn Childs	Legislative	Reviews legislation and makes recommendations to Council.
O. Lynn Childs	Planning	Long Range Planning.
Henry Pineda	Nominating	Nominates officers annually and when vacancies occur.
Roberta Carter	Public Relations	Publicizes the work of the Advisory Council and the Commission.

III. APPENDICES

APPENDIX VI

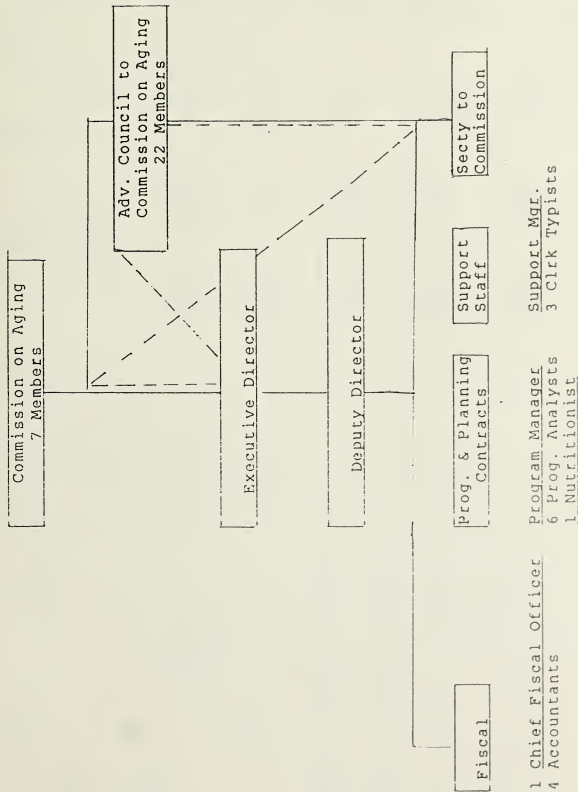
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ORGANIZATIONAL CHART OF THE AREA AGENCY ON AGING

(If applicable, show the location of the Area Agency within a multi-purpose organization.)

(See Attached)

SAN FRANCISCO COMMISSION ON THE AGING



III. APPENDICES

APPENDIX VI

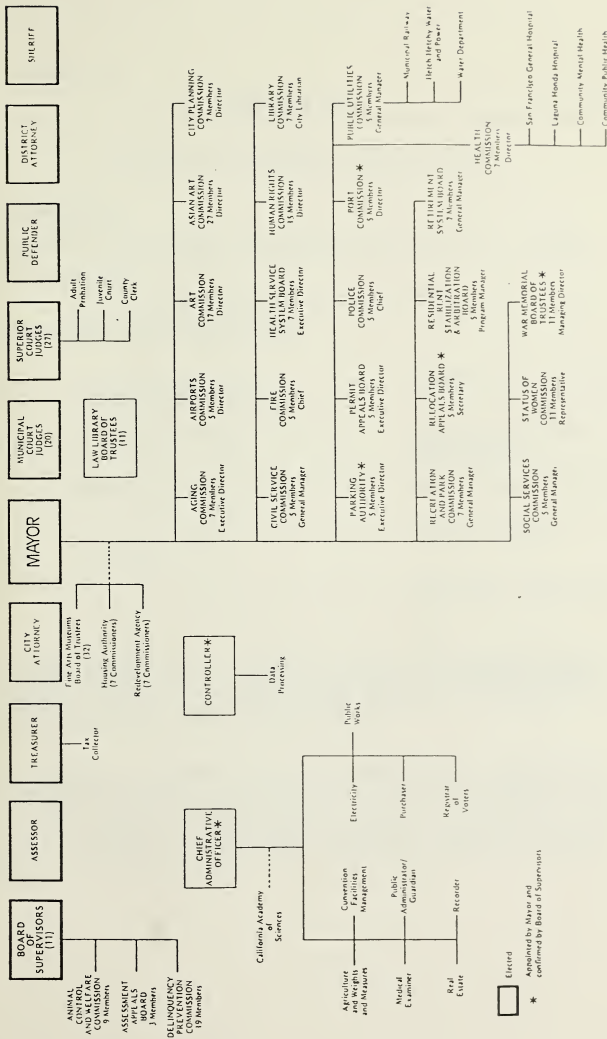
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ORGANIZATIONAL CHART OF THE AREA AGENCY ON AGING

(If applicable, show the location of the Area Agency within a multi-purpose organization.)

(See Attached)

San Francisco City and County Government



III. APPENDICES

APPENDIX VII

LOCAL NEEDS ASSESSMENT DOCUMENTATION

Needs Assessment

1. Date last local needs assessment was completed: 1985.

2. List of Needs
(list your needs in priority order)

3. Tools Used (Check those used)

☒ [X]	Social Indicator Demographic Analysis	☐ []	Nominal Group Process
☒ [X]	Program Surveys	☐ []	Optional Services Aggregation
☒ [X]	Community Forums	☒ [X]	Key Informant Surveys
☐ []	Consumer Panel Analysis	☒ [X]	Sample Surveys
		☐ []	Other(s) (explain)

4. DISCUSS PLANS FOR THE CONDUCT OF LOCAL NEEDS ASSESSMENTS FOR THE INITIAL AREA PLAN FOR THE 1989-93 PLANNING PERIOD. IDENTIFY SPECIFIC METHODS THE AAA INTENDS TO UTILIZE FOR ASSESSING LOCAL NEEDS OF THE ELDERLY.

We are planning to conduct a needs assessment for the 1989-93 planning period looking at total resources in the planning and service area including other public and private resources and programs as well as the Commission on Aging. Preliminary plans include utilization of demographic analysis, program surveys, community meetings/hearings, key informant survey, and sample surveys.

